IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

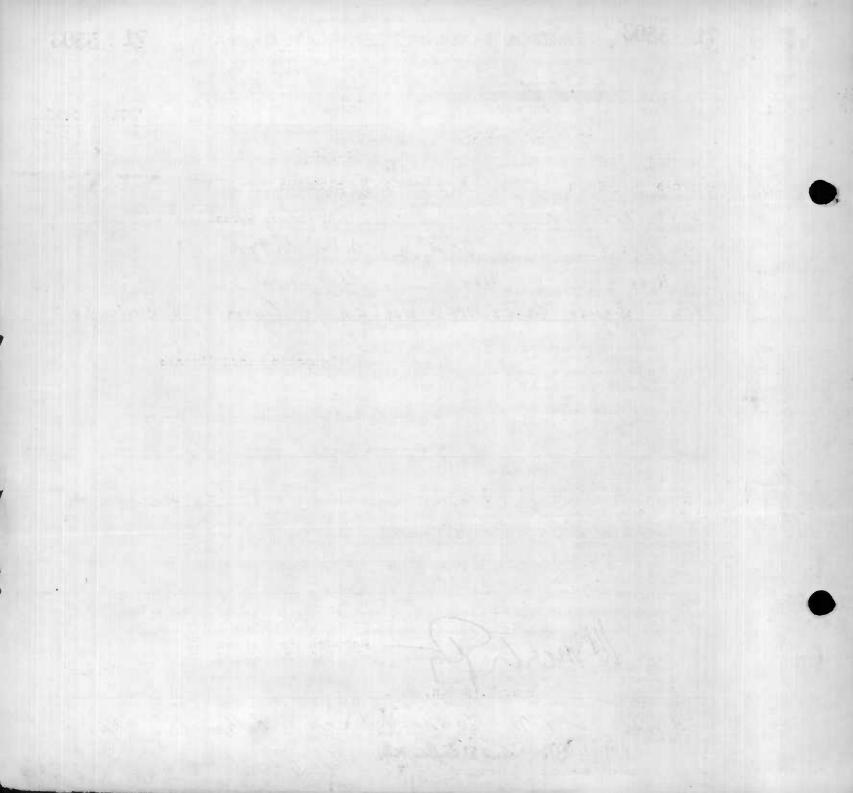
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MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	7
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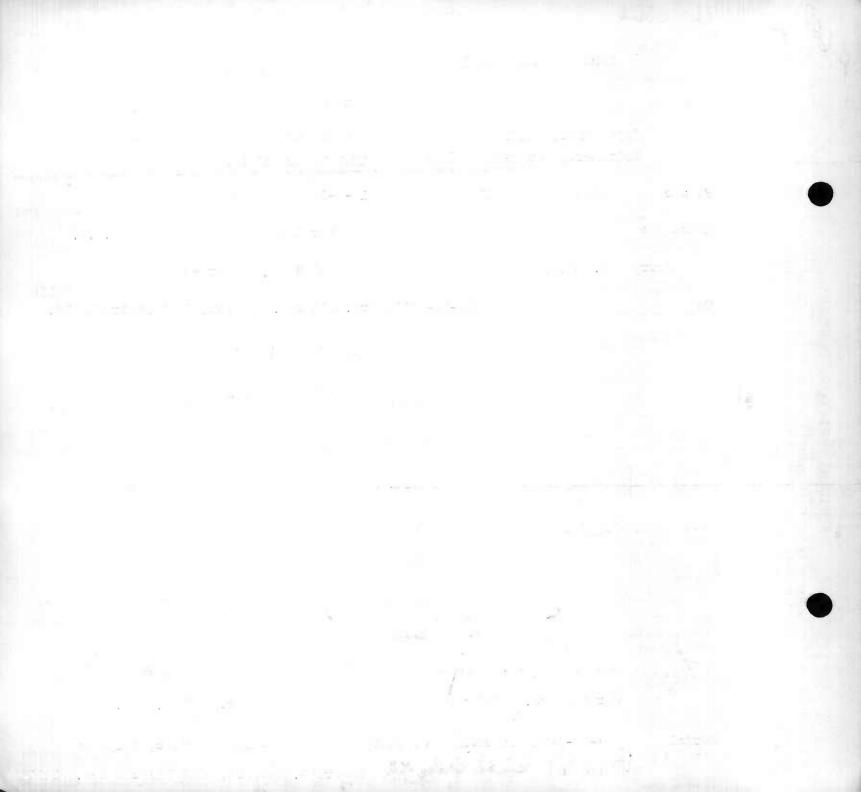
1 550 IRTH NO.)3 MEI	DICAL E	XAMINER'S			DEAT	H REG. NO	71	5503	
NAME OF DEC	CEASED			2. DATE	Known 🖺	Manth	Day	Year	Haur	
ype ar Print)	ALVIN J. KO	TEK		OF DEATH	Estimated 🗆					М.
PLACE IN BAL	LTIMORE, MARYLAND,		OUNCED DEAD	3. DATE		Month	Day	Yeor	Hour	141.
JLL NAME OF OSPITAL R INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET		INCED DEAD	6	8	1971		5A. M.
00	1627 Chu	rch Stre	eet	A. STATE	ESIDENCE (Wher Land	e deceosed li	B. COUNTY		25	03
SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?		
Male	White	WIDOWED	DIVORCED 🛛	Balt	imore			YES 束	No 🗌	
DATE OF BIRT	H 10.AGE	In veors If L	Inder 1 Yr. If Under 24 Hrs.		ND NUMBER					
3-19-	1915 lost birthd	oy) Mor	iths, Days , Hours , Min.	162	7 Church	Stroot				
BIRTHPLACE (S	State ar fareign country)	12.	CITIZEN OF	13. FATHER	Church S NAME	Street				
Ma. 11	1 . 1		WHAT COUNTRY?	1./	" K+	- 11				
A USUAL OCCU	IPATION Give hind of weet		BUSINESS OR INDUSTRY	JOH P	S MAIDEN NA	ME				
	working life, even if retired		DOUINESS OR HADOSIKI	/ MOTHER	//	IVE				
Non	e		Ne	UN.	KNOWN					
	SED EVER IN U.S. ARMI		17. SOCIAL SECURITY NO.	18. INFORM	ANT			ADDRESS	0	
Yes		9-30-53	219-18-2860	Emi	lie Ou	iens	11	Circle	Du.	
19.			CAUSE OF DEA	TH			- ''		APPROXIMATE IN	
RISE TO TH UNDERLYII	OR CONDITIONS, IF ARE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS (ATH BUT NOT RELATED T	CONTRIBUTING	(c)	AS A CONSEC	QUENCE OF:				***************************************	
	R CONDITION GIVEN IN									
20A. DATE O	F OPERATION 208. CO	NDITION FOR	WHICH OPERATION WA	AS PERFORM	ED			21. AUT	OPSY? (Yes o	r No)
									Yes	
UNDERLYING CA	RNAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. (Manth) (Doy) (Ye	ham	PLACE OF INJURY (e.g., e, form, lactary, street, office 22E.INJURY OCCURRED	e bldg., etc.) II	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN			exoct location		
OF INJURY (APPROX.)	(Malim) (DOY) (re		WHILE AT NOT	WHILE ORK	2. HOW BID III	470K1 OCC	OK:			
ACTUAL SIGNAT	ted fram Myral co	Inquiry	Inspection Au Accident Suicid	Deput	and that an a	Undetermi EXAMINER EXAMINER	death in mined manne		DATE SIGN	1ED
EXAMIN NAME (Type) V	erner U	Spitz, M.D.		CIATE MEDICAL	LOCATION	1 (Chy tr	wn, or count		(e)
BUT!	al 6-11	1-71	Cedar Hi	// Ce	m. B.	A/hm	ore	M	w. Ilan	1
5A. DATE REC'D	JUN 10 197	1 258 NAM	E Jaben K.D.	250.	NETAL DIRECT	ral h	Gome 4	ADDRESS	on ingt	in Ac
151 DEV 1/1/4		15	BR9 7 5	es .4	57	* 7				



IMPORTANT

FUNERAL DIRECTOR:

74 55	104		BALTIMORE CIT	Y HEALTH DEPARTM	ENT		
BIRTH NO.			CERTIFICA	ATE OF DEA	TH REG. NO	71 5501	
(Type or Print)		LEE FAR	RISH	2. D	ATE AND HOUR OF CEAT	Н	
3. PLACE IN BA	LTIMORE MARYLAND, W			LA HELLAL DESIDENT	June 7, 1971		- 1
		HERE PRONOUN	CED DEAG	I A STATE	LE TWhere deceased lived, If	institution: residence before od	mission
FULL NAME OF HOSPITAL OR	A ODRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	Maryland		255,	
NOITUTION"				C, CITY OR TOWN		SIDE CITY LIMITS?	
00	1032 Haverh	ill Road		Baltimore		YES X NO	
	Baltimore, M	aryland	21229	1032 Haver			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under Months: Doys Hours	24 Hrs
Female	White	WIDOWED	DIVORCED	集0-8-1880	lost birthdoyl	Months Doys Hours	Min.
OA. USUAL OCC	UPATION (Give kind of work working life, even if refired)	10B. KINO OF BU	JSINESS OR INOUSTR	Y 11. BIRTHPLACE (Stote	e or loreign country)	12. CITIZEN OF WHAT CO	DUNTR
Housewif				Virgin	ia	U.S.A.	
3. FATHER'S NA	ME			14. MOTHER'S MAIC		0.0.A.	
Jer	ry M. Smith	1		Alice	_		
5. Was Occases	Fuer in II S Armed Fee	2	- SOCIAL	17. INFORMANT	M. Barnett	Appares	
res, no or unknown	Ill yes, give wor or dote	s of service)	SECURITY NO.			ADDRESS 212	
No	1	2	25-24-3822A	Mrs. Alice	M. Spencer, 103	32 Haverhill Rd.	
18.		3.8	CAUSE OF DEA	тн		APPROXIMATE INT	
DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTLY		USE A-5, C	VD	11-1.2	
(This does	nat mean the made of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	· , y	12 413	
heort failure,	asthenia, etc. It means	the disease.	502 10, OK A3				
	ANTECEDENT CAUSES		110.	CARCI	NO 4 ATOCI		
	OR CONDITIONS, if	nny. nivina	(B) H->0	A CONSEQUENCE OF	NOMATOSIS	1 97	
rise to the	e obove couse (A)	sloling the					
UNDERLYING	G CONDITION lost.		(c) (A)	CINOMA	CLON	3 yv	7
Z	11						
E TO THE DEAT	TICANT CONDITIONS CON	E TERMINAL					
19A. OATE OF	ONDITION GIVEN IN PART	f (Δ).	CH OPERATION	20A. AUTOPSY? (Ye	s of No. 208 IE was wise	FINDINGS CONTESTS	
	WAS PERF	DRMEO	v. rumilyii	To to tall the		FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIOE	NT WAS UNDERLYING	21B. PLA	ACE OF INJURY (e.g.,	in or about 21 C. WHERE ffice bldg., INJURY OCC	OIO (If In Rolling	re Cily, give exact location)	
. IOR CONTRIBL	JTING CAUSE OF medical examined	home, f	form, foctory, street, o	ffice bldg., INJURY OCC	CUR?		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 121F. IN	JURY OCCURRED	215 4044 6	IO INTUING OCCUPA		
(APPROX.)		White A		le 🗖	IO INJURY OCCUR?		
		Work				/	
	that (1) (this hospital)		deceosed from 3	-15	1969 to 6	7 19	7/
· ·	last saw the deceased		6-2	19 7	ond that In(my) (our) op	fillon death occurred on th	ne date
and bear one	from the couses state	ed above. (1) (4	(did) (didages)	riew the body after d	leoth.		
23A. SIGNATU	RE	1/2				23B, OATE SIGNED	
7/11	man K /	Clen	DEGREE Phy	nding Med.	Shaff Phys.	6/8/71	
23C. PHYSICIA NAME (T	N'S		DEGREE	230. ADDRESS	,	1 = 1 - 1	
	Norman	R. Klein	man	- 3803 Edmond	dson Ave., Balt	o. Md.	
4A. BURIAL CRE	MATION. 248. DATE		DEGREE of CEMETERY OF CR				tote)
REMOVAL (pecily)					4.0	ioie)
Burial	6-10-197	1 River			Charlottesvil		
	JUN 1 0 1971	22.25	Jake MB	25C. FUNERAL DIR		ADORESS	
\$ 150-REV. 1/1/6		The state of	Bank & Bank	Howard H	Hubbard, 4107	Wilkens Ave. 2	1229
UV-NL V4 6/ 1/1							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

71 5505		BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO.		CERTIFICA	TE OF DEATH REG. NO.	71 5505
I. NAME OF DECEASED			2. DATE AND HOUR OF DEA	TH
(Type or Print) VERNON J.	WHITE		JUNE 6, 1971	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	finstitution: tesidence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	NSIDE CITY LIMITS?
				YES NO
LONG GREEN NURSING	HOME		BALTIMORE E. STREET AND NUMBER	
5. SEX 6. RACE	7. 44 4 9 9 1 5 9	NAME OF THE OWNER OW	8. DATE OF BIRTH 9. AGE (In years	
MALE WHITE	WIDOWED		FEB. 14. 1896 Cost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY
EMPLOYEE	TEY	KTILE	BALTIMORE, MARYLAND	USA
3. FATHER'S NAME	ILI	VIIII.	14. MOTHER'S MAIDEN NAME	000
GUS WHITE			SARAH ?	
		16 /		
5. Was Deceased Ever in U. S. Armed Forc Yes, no or unknown) lif yes, give wer or doles	s of service)	SECURITY NO.	17. INFORMANT	ADDRESS
MES W.W. I. ARMY	1	212-10-8853	MR. EUGENE FEINBLATT, 582	O PIMLICO RD. #21209
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (nofify medical examine)	Iny, giving slating the stating the stating the stating the stating the stating the stating that	(B) DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPSY? (Yes or No) 20B, IF YES, WEI IN CERTIFYING	***************************************
(APPROX)	Whi	Not While		
22. I certify that (1) (this hospital)	attended th	e deceased from	9/23 1969 10	6/6 1971
that (1) (we) last sow the deceased	alive on	6/5		pinian death occurred on the dote
and have and from the couses state	d above. (I)	(We) (did) (did not) u		
23A. SIGNATURE				23B, DATE SIGNED
JA 3m	tru	1 01	ding Director Phys.	6/2/2
23C.PHYSICIAN'S NAME (Type))	DEGREE Phys.	Director Phys. 30. ADDRESS	1 - 1 / 1 //
TSRAEL.	ZINBER		4000 W. NORTHERN PKWY.	
4A. BURIAL CREMATION, 24B. DATE		OEGREE		
REMOVAL (Specify)		ME of CEMETERY of CRE	PIKESVILLE, N	(City, town, or county) (Stote)
BURIAL 6-8-71	DRU.	ID RIDGE XX	FIRESVILLE, I	TARILAND

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 5506 CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR/OF DEATH (Type or Print) HURWITZ 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI C. CITY OR TOWN D. INSIDE CITY LIMITS? YES L NO E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthday EMALE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE AT HOME BALTIMORE, MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SIMON BERCOWITZ ANNE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war at dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 3704 CHATHAM ROAD MORRIS HURWITZ 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving DUE TO OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION last н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (A PPROX.I At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that In(my) (aur) apinian death accurred on the date and have and from the causes stated abave (1) (We)((did) (did not) view the bady after death. 23A. SEGNATURE 23B, DATE SIGNED Attending Med. Staff Phys. Phys. 23C. HHYSICIAN'S NAME IT pel 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF 24D. LOCATION (City, town, or county) REMOVAL (Specify) REISTERSTOWN, MARYLAND BALTIMORE HEBREW BURIAL 6 - 9 - 7125A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

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death.

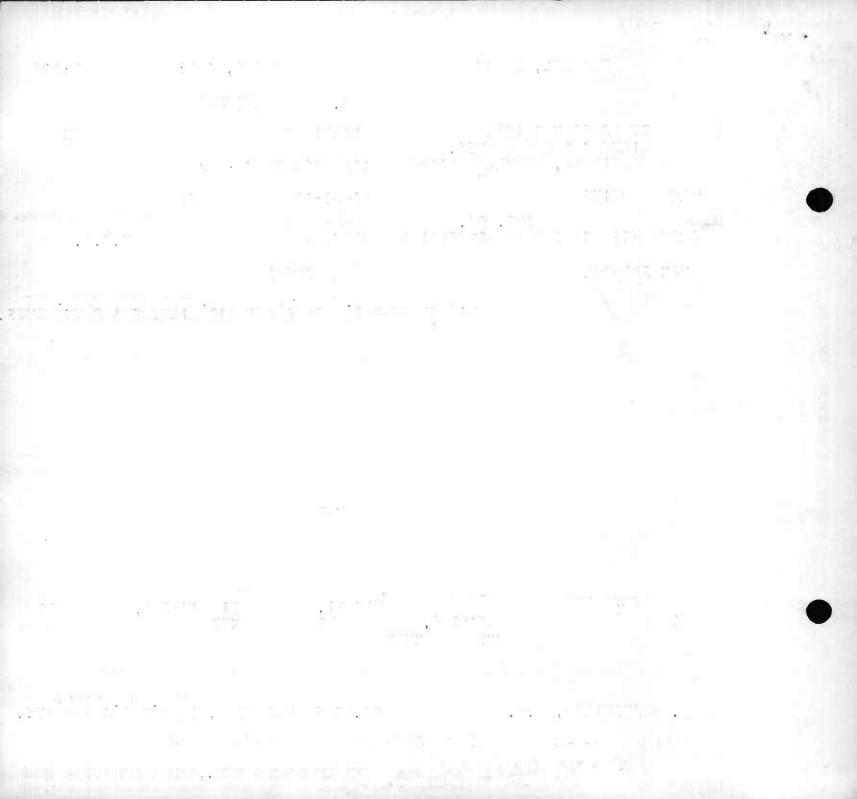
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a hospital

STREET ARRIED ORCED OR INDUSTRY	4. USUAL RESIDEN A. STATE AD C. CITY OR TOWN BALTIA E. STREET AND NL 7/2/5 8. DATE OF BIRTH 7. 4. 9. 11. BIRTHPLACE (SIGN	CE (Where deceo R. COUNTY 7/21 Pa 10 R E 10 MBER Park H9 9. AGE 10st birth	sed lived. If install the Hand Hand Hand Hand Hand Hand Hand Hand	S AM., DE CITY LIMITS?	21215 NO []
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ARRIED CORCED CO	C. CITY OR TOWN BOLTINE E. STREET AND NU 7/2/ F B. DATE OF BIRTH 7 4, 9 11. BIRTHPLACE (SIGN	7/21 Pa 10RE IMBER Park Hg 19. AGE 10st birth	D. INSII hts At	DE CITY LIMITS? YES	21215 NO []
ARRIED I	C. CITY OR TOWN BOLTINE E. STREET AND NU 7/2/ F B. DATE OF BIRTH 7 4, 9 11. BIRTHPLACE (SIGN	7/21 Pa 10RE IMBER Park Hg 19. AGE 10st birth	D. INSII hts At	DE CITY LIMITS? YES	21215 NO []
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ORCED OR INDUSTRY	BALTINE. STREET AND NU. 7/2/ S. B. DATE OF BIRTH 7. 4. 9. 11. BIRTHPLACE (Stot) NEW YOR.	JMBER Park Hg 9. AGE lost birth	hts Al	YES	27:
ORCED OR INDUSTRY	E. STREET AND NU. 7/2/ 5 8. DATE OF BIRTH 7. 4. 9. 11. BIRTHPLACE (Stot) NEW YOR	JMBER Park Hg 9. AGE lost birth	(In years aday) 76	ve.	27:
ORCED OR INDUSTRY	7/2/ 8. DATE OF BIRTH 7. 4. 9. 11. BIRTHPLACE (Stot) NEW YOR	Park Hg 9. AGE lost birth	(In years aday) 76	6	If Under 24 H
ORCED OR INDUSTRY	8. DATE OF BIRTH 7. 4. 9 11. BIRTHPLACE (SIGN NEW YOR	9. AGE lost birth	(In years aday) 76	6	If Under 24 H
ORCED OR INDUSTRY	7. 4. 9. 11. BIRTHPLACE (Stoll NEW YOR)	4 lost birth	76	If Under 1 Yi. Manths Days	If Under 24 H
R INDUSTRY	NEW YOR	de or foreign count	76		IVIIIIa
(XXXXXX)	NEW YOR	le or foreign count			
			try)	12. CITIZEN OF	WHAT COUNT
i		K, NEW YO	RK	11.5.	
	14. MOTHER'S MAIL			100	
	FANNIE CU				
		O181111			
Y NO.	17. INFORMANT	p	K. TOWE	RS WEST PRE	XPT. 9-P
4424	MRS. BESST	E COHEN. 7	121 PK	HCHTS A	VF #212
OF DEATH		,,,	121 11.		XIMATE INTERVAL
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	20A. AUTOPSY? (Ye		YES, WERE FI	NDINGS CONSIL	DERED
2.04	Ca YES		KIIFIING CAU	SES OF DEATHS	
UURY (e.g., in	or obout 21 C. WHERE	DID	(If In Boltimore	City, give exoct lo	(cotion)
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7.	19	and that In (my) (aur) apini	an death occur	red on the do
(did not) vie	w the body after	death.			
			13	R DATE SIGNE	D
Attend	ling Med.	Stoff C			
Phys.	Director	Phys.		0/17	/
RL 231		LINCHY	2111		
DEGREE		1703 12	11/76		
TERY OF CREM	ATORY	24D. LOCATION	(City,	town, or county)	(State)
NO (ARLI	INGTON)	BALTIMOR	RE. MARY	LAND	
	25C. FUNERAL DI		,		necc
	Atton At	MRS. BESSI E OF DEATH MEDIATE CAUSE CANACE E TO, OR AS A CONSEQUENCE OF: The Negative E TO, OR AS A CONSEQUENCE OF A SC V D and leg ATOMIC LOGGE TO OBOUT 12 C. WHERE Ty, street, affice bidg, INJURY OC CURRED 21F. HOW I Not While At Wark At Wark Attending Med. DEGREE Phys. 23D. ADDRESS A Hending Med. DEGREE 23D. ADDRESS A Hending Med. DEGREE 23D. ADDRESS A HENDINGTON)	MRS. BESSIE COHEN, 7 E OF DEATH MEDIATE CAUSE CONSEQUENCE OF: Pran Negative Shack E TO, OR AS A CONSEQUENCE OF: A SCVD and large Standy ATION A SCVD and large Standy ATION A SCVD and large Standy A STAND A DIPERSE A Hending Med. DEGREE Phys. Director Phys. D Phys. D POEGREE A Hending Med. DEGREE Phys. D A HENDINGTON) BALTIMOR BALTIMOR	MRS. BESSIE COHEN, 7121 PK. E OF DEATH MEDIATE CAUSE CARROL Wrest E TO, OR AS A CONSEQUENCE OF: A SCVD AND Land Starty Diabete A SCVD A SCVD AND Land Starty Diabete A SCVD A SCVD AND Land Starty Diabete A SCVD A START A Heading Director B ALTIMORE, MARY A START DIRECTOR	A SC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight ASC V D and least Starty Dialitis Me Eight IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? IN IN Boltimore City, give exact lo BURRED Street DID (if in Boltimore City, give exact lo CURRED 19 14 and that In(my) (aur) apinian death occur (did not) view the body after death. Attending Med. Director Phys. 23B, DATE SIGNEI DEGREE SINAI HOSPITAL DEGREE TERY OF CREMATORY 24D, LOCATION (City, town, or county) BALTIMORE, MARYLAND

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MALE WHITE WIDOWED DIVORCED 01-01-14 Bot Mithody 57 Months Days Hours TOLUSUAL OCCUPATION (Give kind of work 10k kind of post light of publics of kind of work 10k, wind of	71 5503		HEALTH DEPARTMENT	X REG. NO	71 5508
3. PLACE IN SALIMORE, MARIELAND, WHATE FRONOUNCED DEAD FULL NAME OF FULL NAME OF FULL NAME OF FULL RAME OF FU	/m				1 7:30P
STAGNES HOSPITAL WILKENS & CATON AVES, BALTIMORE, MARYLAND 21229 1137 COURTNEY ROAD S. SEX WHITE MIDDWED DIVORCED O1-01-14 WHOTE WHO WAS COUNTED WIND ON AVES, BALTIMORE, MARYLAND 21229 1137 COURTNEY ROAD S. SEX WHITE MIDDWED DIVORCED O1-01-14 WHO WEST WASHED O1-01-14 WHO WASHED MIDDWED O1-01-14 WHO WASHED MIDDWED WASHED O1-01-14 WHO WASHED MIDDWED WASHED O1-01-14 WHO WASHED MIDDWED O1-01-14 WHO WASHED MIDDWED WASHED O1-01-14 WHO WASHED MIDDWED WASHED WASH	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE IWH A. STATE B. COU MD . BAL	ere deceased lived. If in	5300
Second Process Seco	40 WILKENS & CATON AV		BALTIMORE E. STREET AND NUMBER		
MALE WHITE WIDOWED ON ORCED 101.4 US 100 WIDOWAND 11. BIRTHPLACE (Bioles or foreign country) 17. MORTHS OF MORTHS OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles or foreign country) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles Walley MARK LAND) 12. CHIZEN OF WHAT CO USES OF INDUSTRY 11. BIRTHPLACE (Bioles Walley MARK LAND) 12. CHIZEN OF WHAT COUNTRY 12. CHIZEN OF INDUSTRY 12. CHIZEN OF WHAT COUNTRY 12. CHIZEN OF INDUSTRY 12. CHIZEN OF WHAT COUNTRY 12. CHIZEN OF					If Under 1 Yr., If Under 24 Hrs.
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1.5. FATHER'S MAME	INSURANCE AGENT HOME BEI	USINESS OR INDUSTRY O. NEFICIAL		eign country)	U.S.A.
1. Second Seven in U. S. Armed Forces? 1. Second Seven in U. S. Armed Forces? 1. Security No.				···-	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart folius, estimating, estima		6 SOCIAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode at dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) slotling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION WHICH DISEASE OR CONDITION WHEN THE ATA I (A). THAT DISEASE OR CONDITION WEN IN PAST I (A). THAT DISEASE OR CONDITION WAS PERFORMED OTHER PART OF OPERATION 19th CONDITION FOR WHICH OPERATION THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION WAS PERFORMED OF INJURY LOCAL CONDITION 19th CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH'S CONTRIBUTING CAUSES OF DEATH'S CONTRIBUTING CAUSES OF DEATH'S CONTRIBUTING CAUSES OF DEATH'S CONTRIBUTION OF INJURY 10-07. WHICH OPERATION WAS PERFORMED 22th PLACE OF INJURY 10-07. While A! Not While	NO :	216 07 057		FRANKEL, 113 SEXONOS XXXXXX	7 COURTNEY RD。#27 X X X X X X X X X X X X X X X X X X X
19A_DATE OF OPERATION 19B_CONDITION FOR WHICH OPERATION 20A_AUTOPSY? (Yes or No! 20B_IF YES_WERE FINDINGS CONSIDERED YES 1N CERTIFITING CAUSES OF DEATH? 21A_ACCIDENT WAS UNDERLYING 21B_PLACE OF INJURY e.g., in or obout YES 21C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID (If in Boltimore City, give exoct locollon) 10C_WHERE DID	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			OS CLEROTIC	- (udepu c
DEATH (notify medical examines)	19A DATE OF OPERATION 19R CONDITION FOR WHI	ICH OPERATION		IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
22. I certify that (1) (this hospital) attended the deceased from MAY 21 19 71 to JUNE 6 19 71 that (2) (we) lost saw the deceased office on JUNE 6 19 71 and that in way (our) opinion death occurred on the ond haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A SIGNATURE 23C. PHYSICIAN'S NAME (Type) Phys. Attending Med. Director Phys. Attending Med. Director Phys. 23D. ADDRESS BA TO MD 21229 24A. BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETERY OF CREMATORY BURIAL 6-9-71 BALTIMORE HEBREW REISTERSTOWN, R MARYLAND 25A. DATE REC'D BY HEALTH DEBT. 25S NAME OF REGISTRAR 25C. PURICAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	OR CONTRIBUTINO CAUSE OF hame, etc.	ACE OF INJURY le.g., Ir farm, factory, street, af	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimore	e City, give exoct focotion)
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ond haur and from the causes stated above. (I) (We) (did) (did not) wiew the bady after death. 23A SIGNATURE Attending Med. Stoff Director Phys.	that (1) (we) lost saw the deceased offve on!	INE 6,	1971ond th	19 _71_to_UNE at !nXmyX (our) op!s	19.7.1 nion death occurred on the date
23G. PHYSICIAN'S NAME (Type) P. WESTPHALEN. M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 6-9-71 BALTIMORE HEBREW 23D. ADDRESS BALTO MD 21229 24C. NAME of CEMETERY OF CREMATORY REISTERSTOWN, K MARYLAND 25A. DATE REC'D BY HEALTH, DEPT. 25S. NAME OF REGISTRAR 25D. ADDRESS ADDRESS ADDRESS	23A/SIGNATURE	After	ding Med.	Staff Phys.	23B, DATE SIGNED
BURIAL 6-9-71 BALTIMORE HEBREW REISTERSTOWN, & MARYLAND 25A. DATE REC'D BY HEALTH, DERT. 258 NAME OF REGISTRAR	P. WESTPHALEN. M.D.	DEGREE	ST.AGNES HOSE	PITAL, BALT	ONS MD . 21229 ENS & CATON AVE.
25A. DATE REC'D BY HEALTH DERT. 258 NAME OF REGISTRAR 250/FUNERAL-DIRECTOR ADDRESS				ISTERSTOWN.	y, town, or county) (Stote) MARYLAND
The state of the s	25A. DATE REC'D BY HEALTH DERT 25E NAME OF I	REGISTRAR	25C-FUNERAL DIRECTOR	•	ADDRESS



This cortificate must be

25A. DATE REC'D

VS 150-REV. 1/1/6B

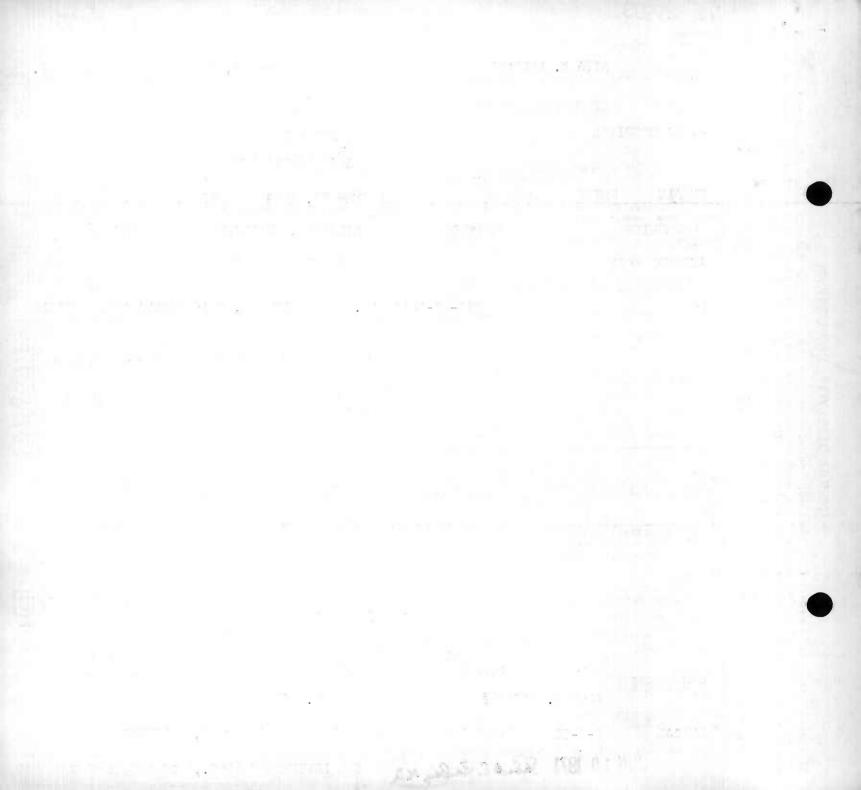
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) June 7, 1971 RITA W. BRENNER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS SINAI HOSPITAL BALTIMORE YES NO E. STREET AND NUMBER 3916 BAREVA ROAD 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years MARRIEDY NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. last birthday FEMALE WHITE WIDOWED DIVORCED | JUNE 12, 1908 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTIMORE, MARYLAND HOUSEWIFE AT HOME USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JENNIE. ABRAHAM WOLF 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, na ar unknown) [(It yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 215-01-7016 LEON BRENNER, 3916 BAREVA ROAD #21215 18. CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenio, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last Н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID hamo, form, toctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH Inglity medical examined 21D. TIME (Month) (Dayl (Year) (Haur) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At IAPPROX.) 22. Legitify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an. ond that In(my) (our) opinion death accurred on the date and from the causes stated above, (1) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Director L Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Typel LEON E. KASSEL 222 W. COLD SPRING LANE GEGREE 24A. BURIAL CREMATION. REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 248. DATE 24D. LOCATION (City, town, ar county) (State) BALTIMORE, MARYLAND 6-9-71 ADATH YESHURUN (SODOVA) BURIAL

25C. FUNERAL DIRECTOR

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

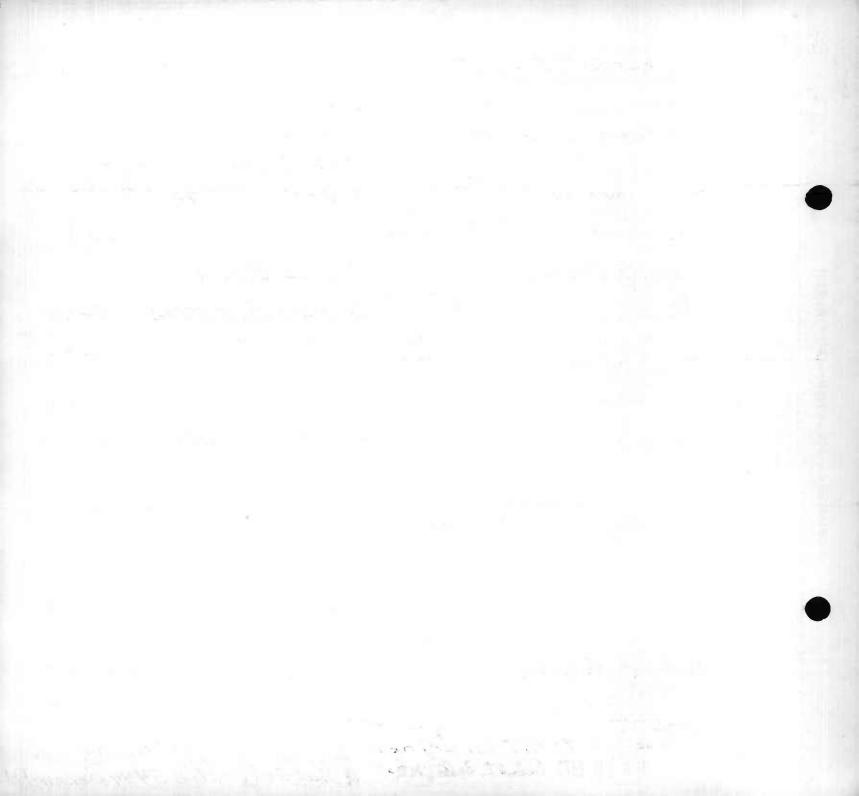
258 NAME OF REGISTRAR



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final dismession is an example. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

71 55	40			HEALTH DEPARTMENT	(Proj	4 5540
BIRTH NO.	-			TE OF DEATH	REG. NO.	1 3310
1. NAME OF DEC	UTLER SR. F	RANC HERE PRON	T	2. DATE AN June	D HOUR OF DEATH	
	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il institu	1 2:10 P.M.
FULL NAME OF HOSPITAL OR INSTITUTION			TTUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	IT	2653
	YLAND GENE	BAL It	OSPITAL	BALTIMORE E. STREET AND NUMBER		CITY LIMITS?
78				1773 FREE	DOMWAY - N	ORTH
5. SEX	6. RACE	7- MARRIE	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	Under 1 Yr. , If Under 24 Hrs. onths; Days ; Hours ; Min.
MALE	CAUCASIAN	WIDOWE		4-10-43	78	110013
dane during most at v	working life, even it refired)	IOB, KIND	of Business or Industry	11. BIRTHPLA CE (State or foreign	gn country) 1:	2. CITIZEN OF WHAT COUNTRY
	MECHANIC	TRAN	SIT COMPANY	MARYLAND		U.S.A.
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAM	4 E	
FRANCI	ST. BUTLE	R		MARTHA B	usick	
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For-	es? s of service)	16. SOCIAL SECURITY NO. A	17. INFORMANT		ADDRESS
No			213-10-0340	Mos Alve T-	2 Rittles	CAME
18.	369		CAUSE OF DEATH	I THE STATE OF L	NULLEK	APPROXIMATE INTERVAL
	E OR CONDITION DIS	ECTLY	PNEUM	ONIA, ASPIRATIO	N	BETWEEN ONSET AND DEATH
(This dges no	al mean the mode of	dvina. e.a	(A) IMMEDIATE CAU	SE		12 has.
heart failure,	asthenia, etc. It means plication which caused	the disease	e, DUE TO, OR AS A	CONSEQUENCE OF:		
	INTECEDENT CAUSES	464111.7	Con	n A		7 0-
	R CONDITIONS, il	inv. nivin		A CONSEQUENCE OF:	***********	30145
rise to the	abave cause (A)	slaling th	e Cenera	OVASCUENZ ACCI	0345 M - 0	1
UNDERLING	CONDITION lost		(c)	27//37 CC///2 //CC1	DENIS , ITTOLFIPE	6 WEEKS
OTHER SIGNIE	II CANT CONDITIONS COI	JTDIRI ITING				
TO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	***************************************			
19A.DATE OF	OPERATION 198 CONI	NON FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
19A. DATE OF	WAS PERF				IN CERTIFYING CAUSES	OF DEATH?
_ OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examine)	21 ho etc	B. PLACE OF INJURY (e.g., in me, farm, factory, street, affi c.)	ar about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(Il In Baltimare Cit	y, give exact location)
OF INJURY	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)			hile At Not While			
22. 1 certify	that (1) (this hospital)				7/ . 7//02	F 45
	last saw the decease			479.4	7/ 10 JUM	
1 .			(I) (We) (dld) (dld nol) vi		in (my) (out) abinion	death occurred on the date
23A. SIGNATUI	RE	d dbove.	(I) (ue) (GIG) (GIG HOI) AI	ew the bady ofter death.	lose	DATE CIONED
Rulling	6 L.	1 do."	Atten	ding Med. S		JUNE 5 1971
23C. PHYSICIAN	rs	owna	DEGREE Phys.	Director P	haff hys.	JUNESTITI
NAME (Ty	0 /	10.000		ILE CHASE ST	BALTIMORE	mo 21202
PNTHON 24A. BURIAL OREN	ATION, 248 DATE		DEGREE			
REMOVAL (S	pecily)	11	- 0	24D. LO		wn, ar county) (Stote)
2SA. DATE REC'D		25R NAME	OF REGISTRAR	RAL	PALTE	, Md.
	A STATE OF THE PARTY OF THE PAR	AL STAINE	AL VENISIBUR	LAUGHTHIRKAL DIRECTOR	7 1 1	ADDRESS

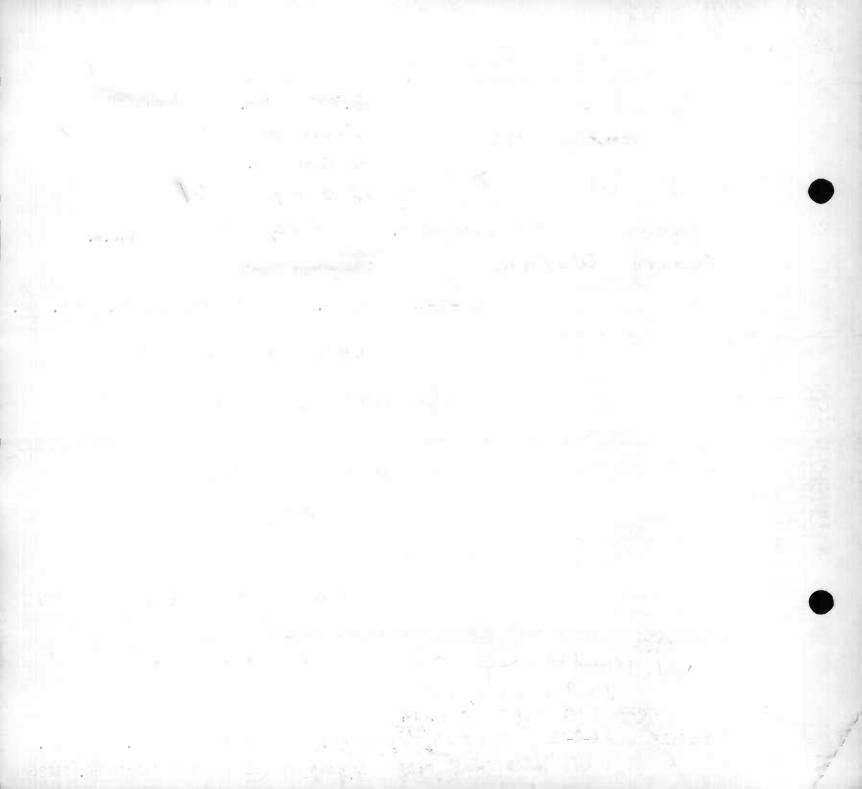
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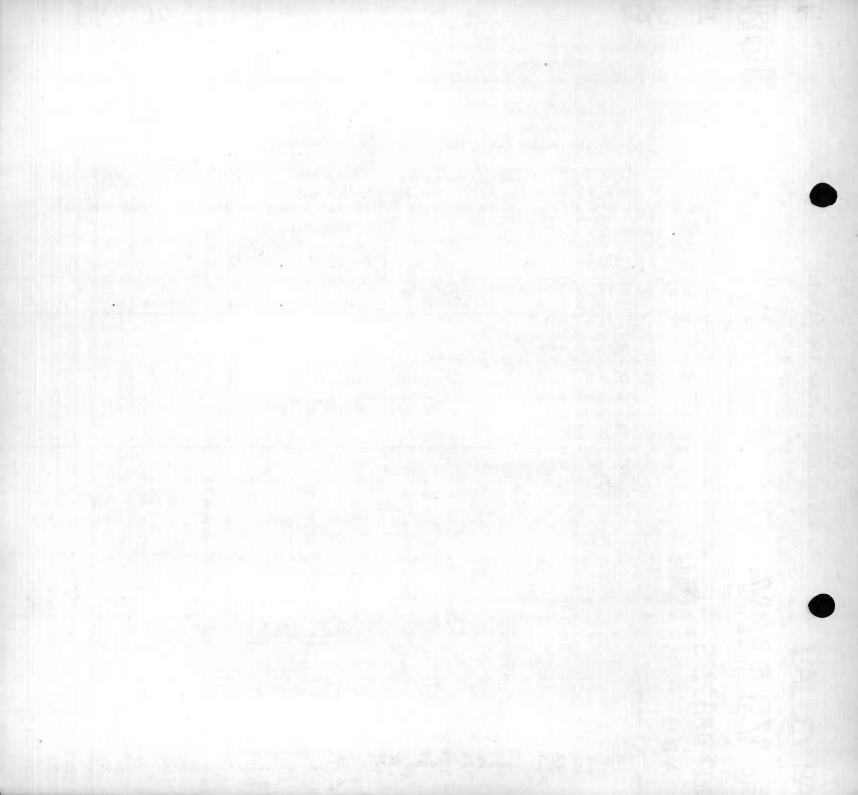


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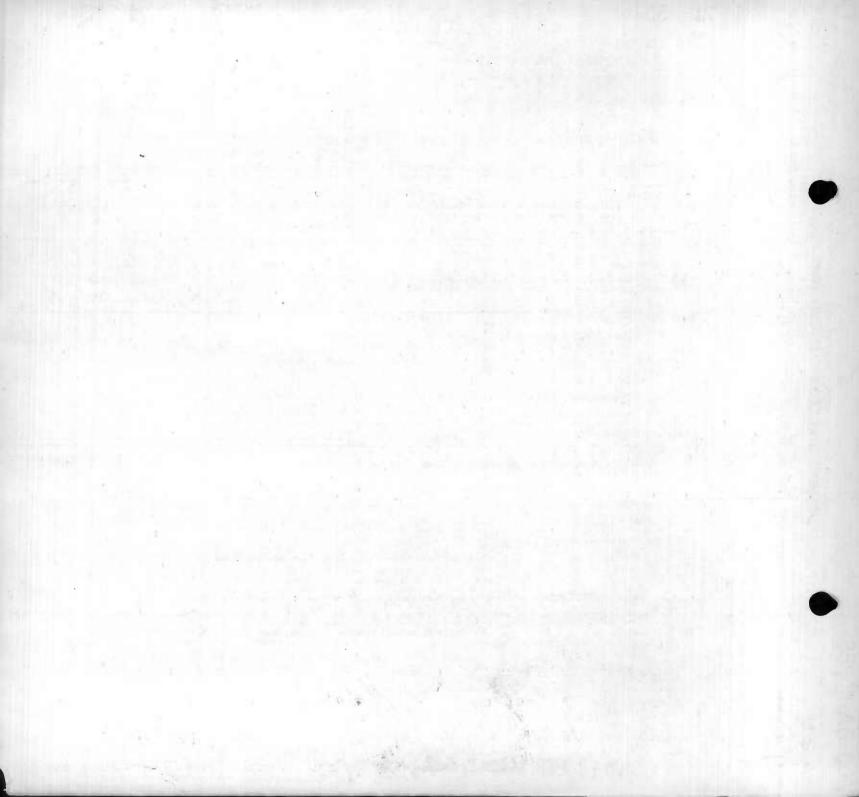
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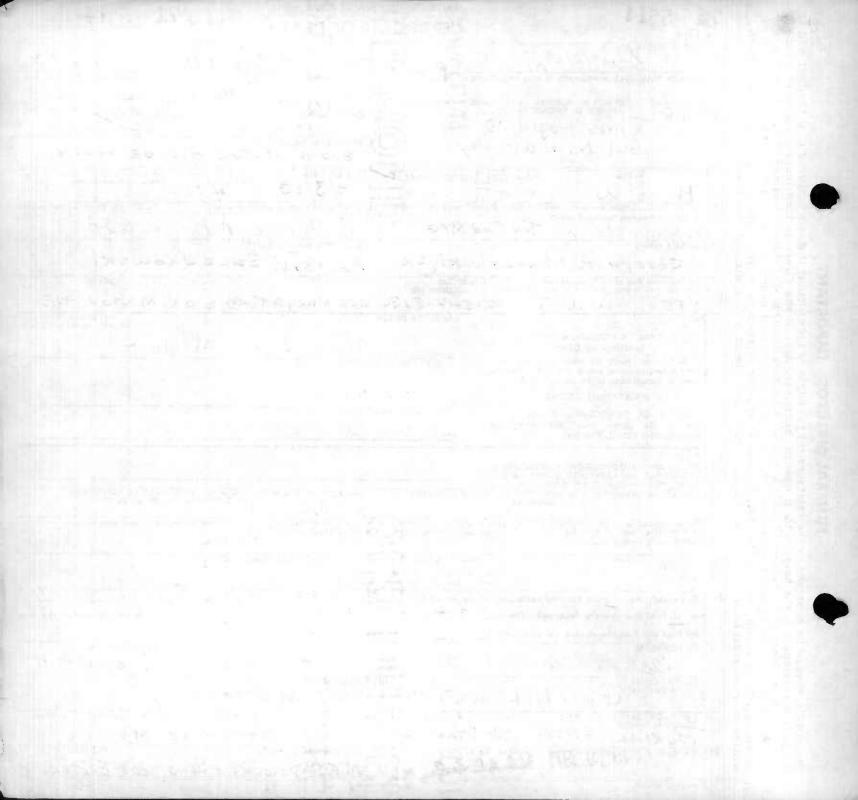
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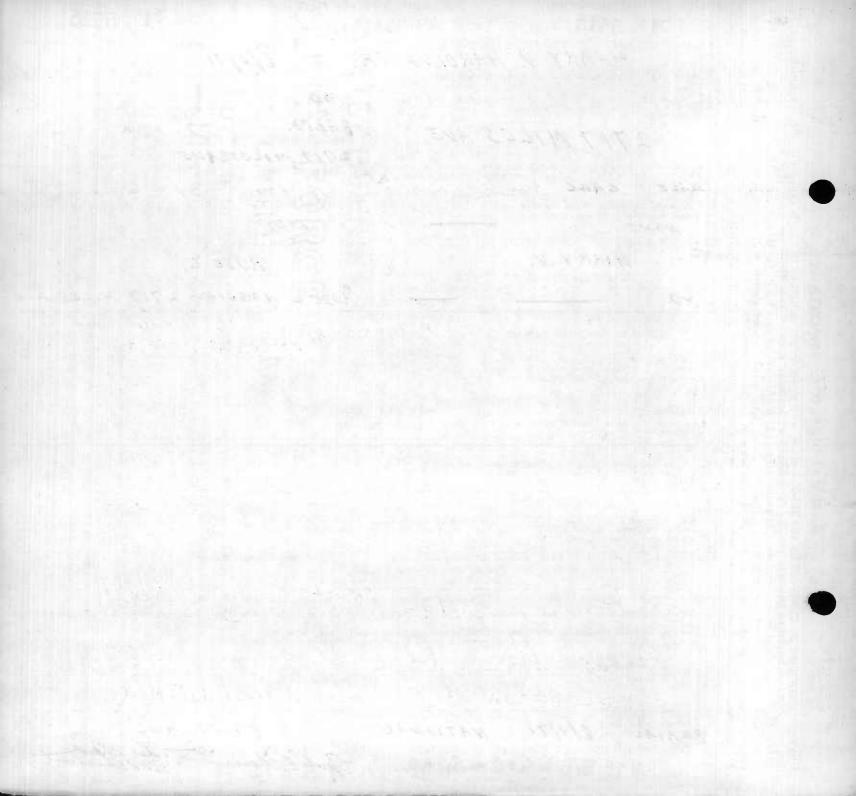
DIRECTOR:

FUNERAL



71 5514	BALTIMORE CITY	HEALTH DEPARTMENT	71 5514
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	T OULF
I. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	1
(Type or Print) Kowa lewski 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRO-	Joseph P.	JR. 9 June 1971 4 USUAL RESIDENCE (Where doceased lived, If	1 8:45 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRO	NOUNCED DEAD	IA, STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET		nove 702
	·	0.11	SIDE CITY LIMITS?
33 GOIN, Broad	1110	E STREET AND NUMBER	YES NO NO
3 GOT NI DIGORA	wory	610 N. MILTON AVE	ENDE 2/224
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED P	S. DATE OF BIRTH 9. AGE (In years lost birthday) 47	If Under 1 Yt. If Under 24 Ha Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
Shipping Clerk Tin	CAN MFG.	Baltimore Md	USA
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
JOSEPH P. HOWAL	EWSKI, SR.	AGNES V. SZCZUI	Kowski
5. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) [IIF yes, give war or dates of servic	6 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES WWII	215-14-8286	MRS. MARY AFORD, 610 A	V. MILTON AVE
18.436.01	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		One beauties along And	
(This does not mean the mode of dying, a		ise Cerebro Vascular Acci	gent
heart failure, asthenia, etc. It means the disea	Se,	A CONSEQUENCE OF:	
Injury or complication which caused death.)	14.1	pertension	1
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, If any, given isse to the above cause (A) stating		A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	IG AL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		[20A. AUTOPSY? (Yes or No.)] 208, IF YES, WERI	FINDINGS CONSIDERED
WAS PERFORMED	WHICH OFERATION	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltim	ore City, give exect location)
▼ DEATH (notify medical examined)	etc.)	Home	
W IOE IN HIEV	21E INJURY OCCURRED	21F. HOW OID INJURY OCCUR	
≥ IAPPROXJ	While At Not While At Work	•	
22. I certify that (I) (this hospital) attende		9 June 19 7/ 10 9	June 19 7/
that (I) (we) last sow the deceased alive of	0.0	1 -71	pinion death occurred on the do
			averil vectoring on the ut
ond haur and from the causes stated above 23A. SIGNATURE	· /·/ Les (aid) (aid not) A	tew the body differ deditio	23 B, DATE SIGNED
Gas m Kamu	ISN mon AH	anding Med. Stoff Phys.	9 June 1971
23C.PHYSICIAN'S	DEGREE	23D. ADDRESS	- Jones
23C. PHYSICIAN'S NAME ITYPE GARV M. KO	ammer MD	601 N. Broader	tes
24A. BURIAL CREMATION, 24B. DATE 24G	DEGREE		City, towns or county) (Stote)
REMOVAL ISpecify)	St. STANISLAN		1
		25C. FUNERAL DIRECTOR	ADDRESS
ANTO BALLET	A.E. Jall 22	M.F. SADOWSKI + SON	S 1808 EASTERN
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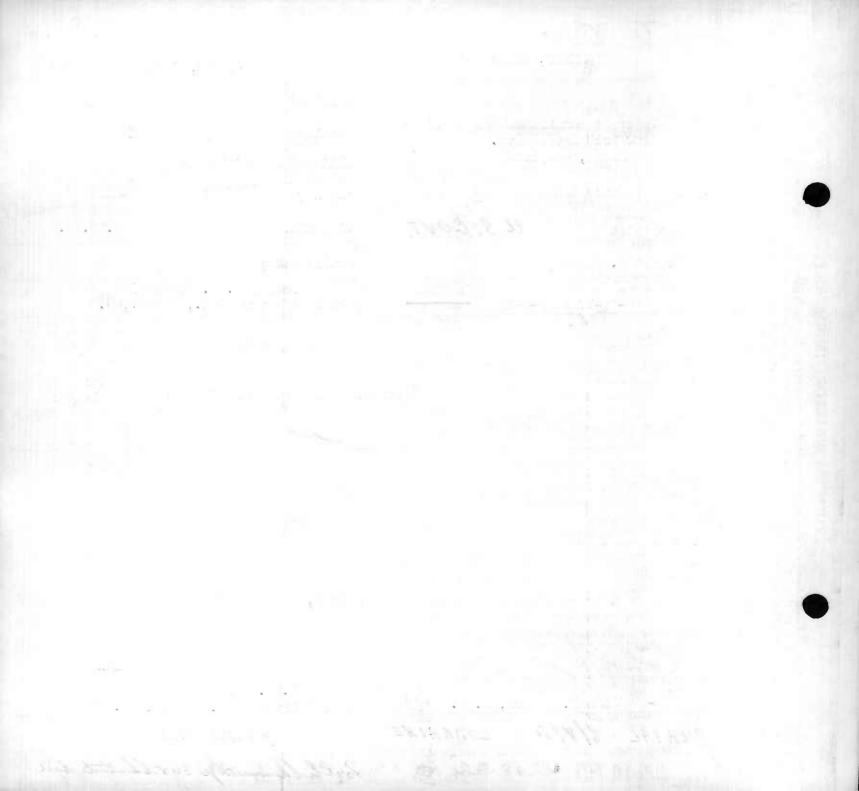
NO

APPROXIMATE INTERVAL

Days

6 Months

Over



24A. BURIAL CREMATION, REMOVAL (Specify) BUTION

25A. DATE REC'D BY HEALTH DEPT.

6/10/71

St. Stanislaus

258, NAME OF REGISTRAR

E. Jaba

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attendance on the death.

a hospital and

					BALTIMORE	CITY HEALTH	DEPARTMENT				
Din	71	551	7		CERTIFIC	CATE O	DEATH	REG. NO.	1 5	517	
	AME OF DEC					0/112 01			u		
(Тур	e or Print)	C	harles	A. Fried	del		Jur	ne 6, 197	n ı		
3. 1	LACE IN BALT	MORE, MAI	MLAND, W	HERE PRONO	UNCED DEAD	4. USUAT	RESIDENCE (W	here deceased lived, If		esidence before	odmission)
FILE	L NAME OF	UE NOT	IN HOSBITA	U On INITIA	UTION ONE STAGE	A. SIAIE	yland & co	UNTY	2	1. 1	7)
HO	SPITAL OR	ADDRES	S OR LOCA	HON)	UTION, GIVE STREET	C, CITY O		In IN	ISIDE CITY LI	COTIME	
	71	Raitimo	ra Cita	/ Hospite	_1			1	YES []	No.	
-	3/	Dannine	ne City	riospii	a i	E. STREE	AND NUMBER	iton Street	, as X	,,,,	
_							15 3. CIII	iton Street			
5. S		6. RACE		7. MARRIED	NEVER MARRIED	8. DATE O		9. AGE (In years lost bight joy)	If Under Months	Days Hours	der 24 Hrs.
	ale	Whit	_	WIDOWED				1 33		20,0	144116
done	during most of w	PATION (Give orking life, eve	kind of work n if retired)		BUSINESS OR INDU	STRY 13. BIRTHE	LACE (State or fo	reign country)	12. CHT	ZEN OF WHAT	COUNTRY?
Fo	reman			Beth	lehem Steel	Balti	more, Ma	ryland		U.S.A.	
13. f	ATHER'S NAM	1E				14. MOTH	ER'S MAIDEN N	AME			
Lo	uis Fried	el				Verd	na Olsze	wski			
15. V (Yes.	Vos Deceased no or unknown)	Ever in U. S.	Armed Force	es?	1 6. SOCIAL	17. INFOR	AANT			ADDRESS	
L	No	,,		or service,	212-03-0902	2 Mr	s. Matildo	Friedel	same		
	18. 4/	0.71			CAUSE OF D	EATH	<u> </u>		- 1,	APPROXIMATE I	
		OR COND		ECTLY	Acu	Ac 1	your	0:00/	0		AITO OCAIII
	(This does no	I meon the	mode of	dving. e.g	(A) IMMEDIATE			cutorfore	ten	Minus	Les
	heart foilure, c	sthenio, etc.	it means	the disease.	DUE 10, OI	R AS A CONSEQU	IENCE OF:				
		NTECEDENT		ucum,	1/2	<u>_</u> .	1 1	100			
	DISEASES OF				(B)	R AS A CONSEQ	aso no	Carcara	clubby	40	225
	rise to the	above ca	use (A)	ny, giving stoting the	552 10, 6	K AD A CONSEQ	OLINCE OF:	lizeure			
	UNDERLYING	CONDITION	last.		(c)			*******************			
z	OTHER CICALIEN	11	HOUS CON	TRIBUTING							
5	OTHER SIGNIFIC	BUT NOTRE	LATED TO TH	E TERMINAL							
2	9A.DATE OF	OPERATION	198. COND	ITION FOR V	VHICH OPERATION	20A. AL	TOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS	CONSIDERED	
CERTIFICATION	0		WAS PERFO	DRMED				IN CERTIFYING C	AUSES OF D	DEATH?	
. 16	OR CONTRIBUT	WAS UND	ERLYING [218,	PLACE OF INJURY (e. form, foctory, street	ag, in or about 2	C. WHERE DID	(II In Boltimo	ore City, give	e exact location)	
MEDICAL	DEATH (notify i	nedicol exomi	ned	elc	of toning toology, and e	a onice bioga, it	OURI OCCOR				
0	ID. TIME	(Month) (Do	yl (Yeor)	(Hour) 21E	INJURY OCCURRED	2	F. HOW DID IN	JURY OCCUR?			
2	APPROX.)			Whi		White					
1	2. I certify t	hat (1) (die	-to-sital)		e deceased from	5/12		10/-0.	6/10		A. C.
	hot (1) (5 / P	19	21	17 4 5 10 5	0//-4		263
- 1					P(We) (did) (did no			that in (my) (our op	inion deat	h occurred on	the date
	3A. SIGNATUR		20	G GDG 46. (C)	(and) (and no	view the bo	dy affer deoth	•	23B, DATI	ESIGNED	
	160	14	Party.	- of	= Mus	Attending 7	Med.	Staff Phys.	3/	310110	,
1	3C. PHYSICIAN	rs	7	Jayo	DEGREE	Phys. 23D. ADDRE	Director L	Phys.	1/2	ene?	
	NAME (Ty		1117	tos,	mo	17.	· IA	Paul	13	11.	-100
24A.	BURIAL CREM				ME OI CEMETERY OF	CREMATORY	24D.	LO CATION (C	ity, town, or		(Stote)

25C. FUNERAL DIRECTOR

Joseph N.

Baltimore, Maryland

Zamino 263 S. Conkling Street

ADDRESS

The state of the s

	BALTIMORE CITY	Y HEALTH DEPARTMENT	PF4	
BIRTH NO.71 5518	CERTIFICA	TE OF DEATH	REG. NO.	1 5518
1. NAME OF DECEASED	1	2. DATE A	ND HOUR OF DEATH	
BARAGARS,	William H.	9	1111071	15:45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		A STATE & COL	ere deceased lived. It is	nstitution: residence before admission)
FULL NAME OF HE NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland	NIT	9118
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
22		Baltimore		YES X NO
The Johns Hopkins	Hospital	E. STREET AND NUMBER		
	HODPICGI	714 Bartl	ett Avenue	
	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
	OWED DIVORCED	8/25/96	74	
A. USUAL OCCUPATION (Give kind of work 10B, Killing during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of las	eign countryl	12. CITIZEN OF WHAT COUNTRY
Laborer		Maryland		
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Joseph Baragars		Hannah		
Was Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT		ADDRESS
os, no or unknown) (If yes, give war or dates of se	SECURITY NO.			
	216-14-7737	Mrs. Daisy	Mitchell 7	14 Bartlette Ave
18. 148.91	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		A .		ONSET AND DEATH
LEADING TO DEATH	(A) MMEDIATE CAU	ISE CHRUINON	nA HYPARH	ARYUN TIMOS
(This does not mean the mode of dying,	P.C. OUTTO CO.AC			
heart failure, asthenia, etc. Il means the dis injury ar complication which caused death.)	ease.			
	,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, is to the above cause (A) staling	iving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(C)			
11	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL	***		
19A. DATE OF OPERATION 198 CONDITION		20A. AUTOPSY? IYes at N	o) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	n al about 21 C. WHERE DID	(If In Baltimar	e City, give exact lacation)
DEATH (natify medical exemines)	hame, farm, factory, street, of	HEO DIOG INJURY OCCUR?		
21 D. TIME IManthi IDay) (Year) (Haud	21E INJURY OCCURRED	21F. HOW DID IN	IURY OCCUP?	
OF INJURY	While At Nat While		ONI OCCURI	
	Work L. At Wark		~	
22. I certify that (1) (this hospital) atten		AICCH 3	19 // to JUN	e 9 19 7/
that (1) (we) last saw the deceased alive	on goune 74		hat In (my) Kaur) apl	nian death accurred an the date
and hour and fram the causes stated abo		lew the bady after death		2223774 477 777 4477
23A. SIGNATURE	7.7 77 77 77 77 77 77 77 77 77 77 77 77	the busy uner death.		23B, DATE SIGNED
A Silver GOIVE A.		nding Med.	Staff FT	0 1
23C. PHYSICIAN'S	DEGREE Phys	Director L	Phys. LA	9 une 11
NAME (Typel		73D. ADDRESS	onking Has	mi f/21
Bruce Whipple	DEGREE	The Johns H	opkins Hos	brhar
REMOVAL (Specify) 248. DATE 2	4C. NAME of CEMETERY of CRE	MATORY 24D. I	OCATION (C)	ty, town, as county) (State)
	Mt Calvary Cem	etery A	ne Aminde	1 Cty., Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
JUN 1 0 1971 56 Be & E.	Japan M. O. 1	Wm C March	928 E. 1	North Ave.
150-REV. 1/1/68		11 5 6		

AND DESCRIPTION AND ADDRESS OF THE PARTY OF · TANKE IN THE COLUMN TO SEE OF THE PARTY OF AND A DESCRIPTION OF SHAPE OF

BALTIMORE CITY HEALTH DEPARTMENT

	HEACHT DELAKTMENT				
MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH	REG. NO.	5519

SKIH NC.															
NAME OF DECEASED								Known [Month	n Day	Y	eor	Hour		
VAYNE KING								Estimoted							
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD								Elimorea					111	М.	
								UNCED DEAD	Month	Doy	4	eor	Hour		
OSPITAL ADDRESS OR LOCATION)								THE DEAL		une 8.	1971		12:55	5 Pm.	
RINSTITUTION							5. USUAL R	ESIDENCE (Where deceose	ed lived. If insti	tution: resid	ence be	lore odmis	sion)	
12/12/1 Madian Amana								A. STATE B. COUNTY							
2424 Madison Avenue								Maryland /3 0.3							
. SEA	7. RACE		8. MARRI	ED 📙	NEVER	MARRIED	C. CITY OR	TOWN		D. INSID	DE CITY LIN	UTS?			
Ma le	Neg	ro	WIDOW	ED 🗌	ı	OIVORCED	Rolt	imama			YES 🗌		10 🗆		
DATE OF BIRTH		10. AGE (in	yeors			Under 24 Hrs.	F. STREET	imore	P		IES	N	0 🗆		
		lost birthdo	y)	Months	Doys	Hours Min.									
3-23-4	0		31				2424	Madison	Avenue	ρ.					
. BIRTHPLACE(S	ote or foreign	country)	1	2. CIT	IZENC	F	13. FATHER'S NAME								
WHAT COUNTRY?								Ottown Wilson							
Marylan	d.		140 144 15				Stephen King 15. MOTHER'S MAIDEN NAME								
ne during most of w	ATION (Give	kind of work	14B. KIND	OF BU	ISINESS	OR INDUSTR	15. MOTHE	R'S MAIDEN	NAME						
ge a	orang me, eve	, , , ,	Reth	7.01	hem	Steel	Sylvia Washington								
Laborer Bethlehem Steel								18. INFORMANT ADDRESS							
es, no or unknown)	(Il yes, give wo	or or dotes	of service)		SECL	RITY NO.	1								
No				9		-38-600	3 Mrs.	Sylv	ia Kir	ng 2424	4 Mad	iso	n Ave	8.	
19.	11. 11					USE OF DEA				0			OXIMATE IN		
20	9-17												EN ONSET AN		
DISEASE	OR CONDIT	ION DIREC	CTLY			Bron	chopneu	monia							
t t	EADING TO	DEATH				MIMMEDIATE	ALICE								
(This does no	t meon the m	ode of dy	Ing, e.g.,		(DUE TO OR	AS A CONSEQ	HEN CE OF							
heart toilure,	osthenio, etc. I plication which	t meons the	diseose.			002.0,000	TO A CONSEQ	DEITCE OI.							
milety of com	pheonon which	coosea aec	,,,,												
AN	TECEDENT C	ATICES					venous	narcoti	sm						
			CIVING		(DUE TO OR	AS A CONSEC	THENCE OF							
RISE TO THE	R CONDITIO	E (A) STAT	ING THE			DOE 10, OK	AS A CONSE	POENCE OF:							
UNDERLYIN	G CONDITIO	N LAST.			(-1									
<u> </u>					,,	-/									
OTHER CICAL	FIGURE COM		\$ 1 main!												
TO THE DEA	FICANT COND THE BUT NOT R	ELATED TO	THE TERMIN	NG											
DISEASE OR	CONDITION	IVEN IN PA	RT 1 (A).	100	•										
20A. DATE OF	OPERATION	20B. CON	ADITION F	OR W	HICH O	PERATION W	S PERFORM	ED			21 4	ALITOPS	SY? (Yes or	(No)	
9											-11.		,,, (,	
11												3	res		
	AL CAUSE W		2	2B. PL/	ACE OF	INJURY (e.g.,	in or obout 2	2C. WHERE D	OID (If in Bolti	imore City, give	e exact locat	tion)			
UNDERLYING			h	om e, ic	orm, toct	ory, street, office	e bidg., etc.) II	WURY OCCL	JR?						
UTING CAL				loos	15.4.1.1.1.Dog	20.000		05 11 - 11 - 1							
OF INJURY	Month) (Do	y) (Yeor) (Hour)		•	OCCURRED.		2F. HOW DIE	INJURY O	CCUR?					
(APPROX.)				n. WHI	LE AT	TON L	WHILE								
23.				1. 110	MM	J AL W	OKK LI								
Lorett	fy that I hel	dan I	nquiry [1 .		A			4						
1	y more ner	u on tr	idoith [nspect	an L Au	topsy X	and that d	on this bas	is, death in	my opini	on			
resulte	ed from: No	turol cour	ses X	Acc	Ident L	Sylcid	e Ho	micide	Undeter	rmined mann	er 🗌				
	X)	1 1	1	1			HIEF MEDIC							
ACTUAL	11/	1	11/	1//	. /	1						D	ATE SIGN	ED	
SIGNATU		10	VI	100	w	M.D	ASSIS	STANT MEDIC	AL EXAMINE	RX					
EXAMINE	R'S Rona	ald N.	Korn	b1u	m.M.	D.	ASSO	CIATE MEDIC	AL EXAMINE	R			6/9/7	1	
NAME (Ty					,								0/3//	1	
A. BURIAL CREM	ATION. 24	B. DATE		24C.	NAME	of CEMETERY	or CREMATO	RY Is	AD, LOCATIO	ON (Ch.	town, or co	un tra l	10	1	
EMOVAL (Specify)										iown, or co	OHIY)	(Stote	1)	
Burial	16	3-11-	71	M	t A	uburn (Ceme te:	ry	Balto	• , Md •					
A. DATE REC'D	Y HEALTH DI	PT.	25B. NA					UNERAL DIR			ADDRES	c			
ILINI	1 0 107	00		Steen .	-										
JUIA	1 12/1	400	13 E.	der	See, A	E Dy	Wm	C Mar	ch 92	28 E.	North	1 Av	70.		
151-REV. 3/1/68				-	3	77 3		-	73						
101-111100		1	1. 3	1	1	11 11 1	1	1 1	63						

and months but and limit for the class of the . The country of the country of and the line of the country of the AND THE PARTY OF T IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	pro-g	4 ==04		
71 5521	CERTIFICA	TE OF DEATH	REG. NO.	1 5521		
BIRTH NO.	OEKTII 1671			0		
Type or Print)	· Wiel		D HOUR OF DEATH			
	KIEL	VUN	E7.1971	3:45 P.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (When		nstitution: residence befare admissio		
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION CIVE STREET	17274/22	1	140=		
OSPITAL OR ADDRESS OR LOCATION)	Name of the street	C. CITY OR TOWN		IDE CITY LIMITS?		
NSTITUTION	11	Baltimor		YES P NO		
EDGE WOOD NORSING	3 HOME	E. STREET AND NUMBER	/	TES NO		
11		1443 WI	1/10 m ST.			
SEX 6. RACE 7. MAR	RRIED W NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Manths Doys Hours Min.		
F W WIDO	WED DIVORCED	7-15-18	52			
DA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar farei	gn cauntry)	12. CITIZEN OF WHAT COUNT		
one during most of working lite, even if retired)	1 M. +Th =:==	Pennsylv	12	U. S. A.		
afeteria Manager Mi	L. Mattheiss	lenns ylv	JNIJ	a, 3, 17,		
3. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM	A E			
throdore	Sunday	Anna	Flow	- 6-5		
. Wos Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	1 000	ADDRESS		
res, no or unknown) (If yes, give war or dates of ser	vice) SECURITY NO.		/			
No -	7	Joseph Kiel	1443	William STi		
1B. / / / /	CAUSE OF DEATH	0.00	/	APPROXIMATE INTERVA		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Consequence of	I olasma	1 924		
	(A)IMMEDIATE CAU	SE Caremonia, d	of planyn	L 23/2.		
(This does not mean the mode of dying,	e.g., DUE TO, OR AS /	CONSEQUENCE OF:	1-1/			
heart failure, asthenio, etc. It means the dis	,					
ANTECEDENT CAUSES						
	(8)					
DISEASES OR CONDITIONS, if ony, g	, , , , , , , , , , , , , , , , , , , ,	A CONSEQUENCE OF:	٠			
UNDERLYING CONDITION lost.	(C)					
11	, . ,					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERM						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na	208 IE VEC WERE	FINDINGS CONSIDERED		
WAS PERFORMED	, A WHICH OFERATION		IN CERTIFYING CA	FINDINGS CONSIDERED		
		no				
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, aft	ar obout 21 C. WHERE DID	(If In Baltimo	re City, give exact lacotian)		
DEATH (notify medical examiner)	etc.)					
D 21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	HPY OCCUP?	1		
OF INJURY			BRI OCCBR:			
(APPROX)	While At Work Not While			and the same of th		
22 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-14-116	JUNE 6	107/	JUNE 7 1971		
22. I certify that (1) (this hospital) atten-			19 7/ta			
that (1) (we) last saw the deceased alive	on UUNE	9 19 7/ and the	at in(my) (our) op	inlon death accurred on the a		
and hour and from the causes stated abo	ve. (1) (We) (did) (did-not) v	lew the body after death.				
23A. SIGNATURE				23B, DATE SIGNED		
16 ,00/	(SA) AHO	nding Med.	Staff			
Trederick Lol	Caller Moscree Phys	Director L	Phys.	Juse 7, 1971		
23C. PHYSICIAN'S NAME (Type)	12	3D. ADDRESS	0 -	0		
GOLDENSE TIL	ico MD	6100 YORK	KD BAIT	IMORE MAZIZIA		
ITCEDERICK V YOLLN	IEK // V. DEGREE	9.0-1011	10.000	The Town		
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY or CRE	1	OCATION (C	ity, tawn, at caunty) (State		
Rurial 6/10/71	Blen Haven Memori	il Park A	nne Aru	adel. Md.		
		//	,	, ,		
SA, DATE REC'D BY HEALTH DEPT. 1258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	STEVENS FO	entral Home, Inc		
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	STEVENS FORT	Antral Appress, Inc Avenuy		

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

BALTIMORE	CITY	HEALTH	DEPARTMENT

REG.	NO.	71	55	522

BIRTH N		5522		CERTIFICA	TE OF	DEATH	REG. NO. 7	1 5	522
I.NAME (Type or	OF DECE Print)	ASED	0	/ ^		2. DATE A	ND HOUR OF DEATH	· · · · · · ·	
2 PLAC	E IN BALT	J 4/14	G.	Lonczyns 41		6	-7-71		2:10 PN
3. FLAC	E IN PALI	IMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	A. STATE	B. COU	ere deceased lived. If i NTY	nstitutian: 10	sidence before admission)
HOSPITA	TION	ADDRESS OR LO	CATION)	ITUTION, GIVE STREET	C. CITY OR J	yland OWN		SIDE CITY LI	2401 MITS?
200	uth 1	Saltimore	Gener	al Hosp.	Be	16 im	ore	YES -	NO
JB.				nd 21236	E. STREET A	ND NUMBER	ndre st	2	
5. SEX		6. RACE	7- MARRIEI	NEVER MARRIED	8. DATE OF	IRTH	9. AGE (In years	If Under	1 Yr., If Under 24 Hrs.
7-	_	W	WIDOWE		1-7-	86	lost birthdoy)	Months	Days Hours Min.
OA. USU	AL OCCU	PATION (Give kind of working life, even if retired	ork 108, KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or for	eign country)	12. CITIZ	EN OF WHAT COUNTRY
	use	(10 1			P. 1	and			POLAND
	ER'S NAM		14000			S MAIDEN NA	AAE		WELLIN D
		21. 1	nown		MOINER				
5 W F	Danases						Un Known		
es, no or	unknown)	ver in U.S. Armed I	orces? otes of service)	1 6. SOCIAL SECURITY NO.	17. INFORM A	NT			ADDRESS
/	Vo			213-12-0178	Mrs. Je	HNVM	27 Korski,	1421	Andro ST
18.	25	0.91		CAUSE OF DEAT	Н		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	704 /	APPROXIMATE INTERVAL
0	DISEASE	OR CONDITION	DIRECTLY					8	ETWEEN ONSET AND DEATH
		EADING TO DEAT	•	(A) IMMEDIATE CAU	ise Bo	sol.	ONEUMERIA		
(This	does no	I meon the mode sthenia, etc. It mean	of dying, e.g	CILETO OF LE		CE OF:	4		
injui	y or camp	lication which cause	ed death.)	50					
	A	NTECEDENT CAUS	ES			1111		1	
DISE	ASES OF	CONDITIONS,	onv. givin	DUE TO, OR AS	A CONSFOUR	NCE OF:			
nse	lo lhe	obove cause (A) sloling the	9	— 1	+ 1	2 2/1		
UNL	PERLTING	CONDITION last.		(c)	11646	e s	12/1/25		
= 110 B	HE DEATH	II CANT CONDITIONS C BUT NOT RELATED TO	THE TERMINAL						
19A.	DATE OF	NOTION GIVEN IN PA	NDITION FOR	WHICH OPERATION	120A, AUTO	PSY? (Yes or N	20B. IF YES, WERE	FINDINGS	CONCIDENTO
0		WAS PE	RFORMED			13111103 01 11	IN CERTIFYING CA	USES OF D	EATH?
J 21A.	ACCIDEN1	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or about 21C.	WHERE DID	(I) In Rolling	o Chu shis	
DEAT	ONTRIBUT	ING CAUSE OF	ho	me, form, foctory, street, of	fice bldg., INJU	RY OCCUR?	fit in bottimos	e City, give	exact location)
21 D. 1			-						
OF IN	1JURY	Month) (Doy) (Yeo		E INJURY OCCURRED		HOW DID IN	URY OCCUR?		
(APPR	(OX.)			hile At Not While	° 🗆				
22. 1	certify t	hat (M)(this haspit	al) attended	the deceased from	May	6	19 _ 7 / to	Tur	-3 2 10 7 (
		ost saw the decea			7				
						and th	or in (my) (out) opi	nion death	accurred on the date
22A C	Hour and	from the couses st	oted above.	(1) (We) (did) (did nat) v	lew the bady	after death.			Mark Control
230.3	JAN OK	00	\cap		- Jt			23B, DATE	SIGNED
	Car	ad sa	Even	DEGREE Phys	nding	Med. Director	Staff Phys.	6	7-7/
23C. P	HYSICIAN NAME (Typ	avid S	hier	M. M.D.	South	RIK	IMORA GER	1:=/	12-0
4A. BURI	IAL CREM		24C. N	AME of CEMETERY OF CRE	MATORY	24D. 1	OCATION (C)	tv. town or	County) (State)
	2	ecity	12/ 11				12. 7	.7. 10 WIL OF	(State)
SA. DAT	TAYIS	Y HEALTH DEPT.		oly Rosary	paple	7	104//1901		dryland
ING UNI	S REC D 8		258. NAME	TO PREGISTRAR	25C. FUNE	RAL DIRECTOR	STrupus 1	=uners	ADDRESS FLORENCE, INC.
	UN	10 1971	36.88	Taibles That		13	01 E. Fe)	-TA	VEHHE
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DIRECTOR:

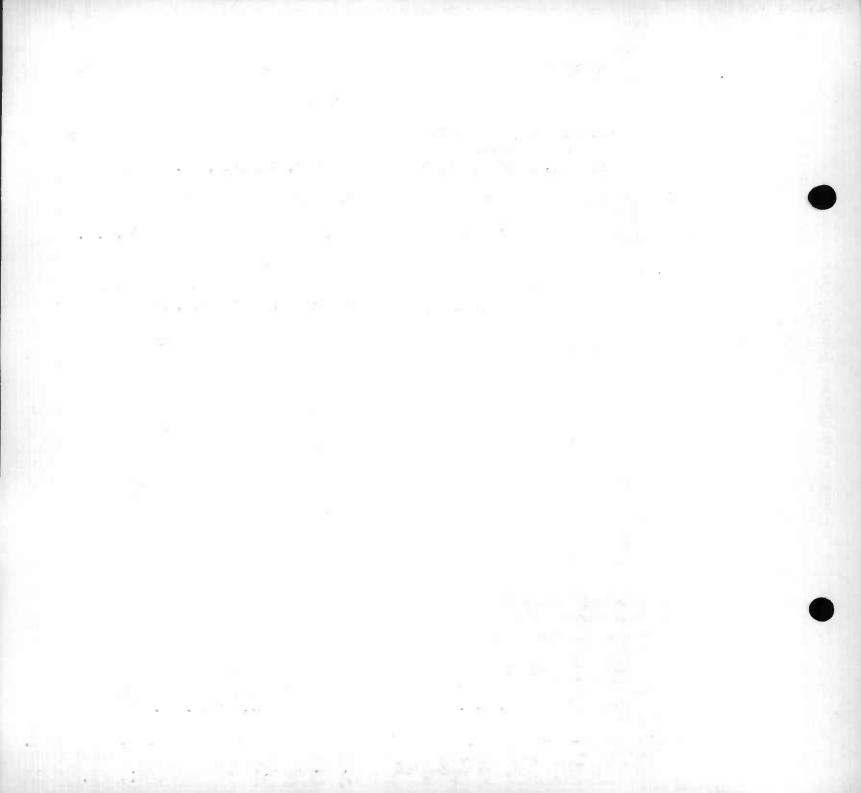
FUNERAL

6/15/71 - Correction form from funeral director.

HIRADAHA TITA ADI UTA

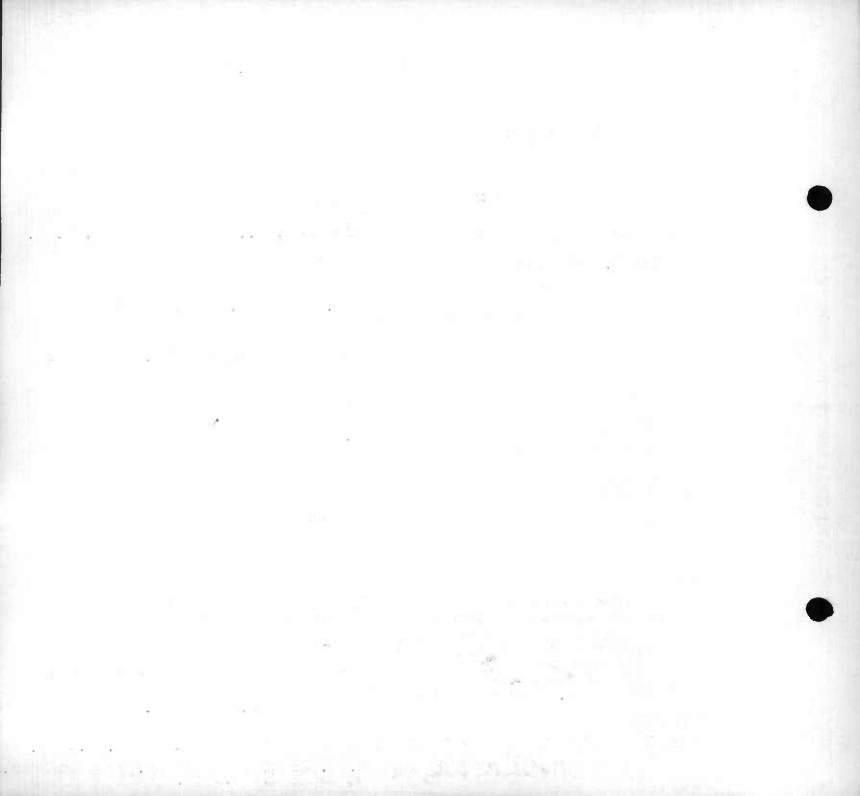
3-7-

58-31-51 Js	71 553 M	LTIMORE CITY HEALTH DEPARTMENT	71 5524					
SED SE	BIRTH NO.	ERTIFICATE OF DEATH REG. NO.	12 3054					
Suc	1. NAME OF DECEASED Noble	2. DATE AND HOUR OF DEATH						
-000	Dorothy Harrison	6-8-71	10:45 ph					
To Do o t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	EAD 4. USUAL RESIDENCE (Where deceased lived, if in A, STATE B, COUNTY	nstitution: residence before admission)					
hospita iuse of 7, (5) Dec dance o	FULL NAME OF HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)	ve street Maryland Baltimore	IDE CITY LIMITS?					
cau use;	Baltimore City Hospita		YES NO X					
ed in ting d cau	3/ 4940 Eastern Avenue	E. STREET AND NUMBER						
6 ± 5 = 6 6	Baltimore, Maryland 21	PO Box 62, Garrison, Md.	21055					
ine	5. SEX 6. RACE 7. MARRIED NEVER		If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.					
occu ontril ermir regu	· Leware Multe Mondark	DIVORCED 1-20-14 57	Months Doys Hours Min.					
0 0 - 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
nt if death direct or c (4) (4) Undet the was in the deconsisting the deco	Secretary Office	Idaho	U.S.A.					
d C C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5.11.					
二 年 9 色 3 年 9	T Hamman Nahla	Leona Switzer						
N tip of 5	J. Harvey Noble 15. Was Deceased Eyer in U. S. Armed Fercas? 16. SOCIA							
A	15. Was Deceased Ever in U. S. Armed Ferces? (Yes, na ar unknown) (If yes, give war ar doles af service) SECUI	RITY NO. 4940 Easter						
R that A b of a	No216-0	7-2437 BCH Records: Baltimore,	Maryland 21224					
ORTA assista if the iny king ed dea dance	18. CAL	JSE OF DEATH	APPROXIMATE INTERVAL					
T 8 200 C	DISEASE OR CONDITION DIRECTLY	1/						
R: IME or or hi sture of pronoun ar atter	LEADING TO DEATH	IMMEDIATE CAUSE HE X0170 ENCE LICETO	DOHLY GOLDY					
R:	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:						
OR: actu pro	The state of the s		1.11					
T Ein o De	ANTECEDENT CAUSES	NON-Wilforecan hexato-	1/2503					
EC Xar Xar Vh	DISEASES OR CONDITIONS, if any, giving							
		leuticesar Oleccusati	in					
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AL D odical burns; hysician was								
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chief medicy a medicy a medicing body burning hysician with the physician with the physic								
Z + Se + Se	Ta Landania	YES	YES YES					
F 5 9 5 0 5	OR CONTRIBUTION CAUSE OF	INJURY leage in or about 21 C. WHERE DID (If in Baltimar ctory, street, affice bidge, INJURY OCCUR?	e City, give exact location)					
No September								
ved by the hospital nature; ept who is a (6) No	21 D. TIME IMonth) (Doy) IYeor) IHaud 21 E INJURY OF INJURY OF INJURY	CCURRED 21F. HOW DID INJURY OCCUR?						
ho ho	(APPROX.) While At	Not While At Work						
- xx	22. I certify that Withis hospital) attended the deceas		(\$/17/					
2十 2000	that (1) (we) lost saw the deceased alive on	(17)	8/2/19					
0 2 -			nion deoth occurred on the date					
dent deat deat	and hour and from the couses stoted abave. (1) (We) (die	d) (did nat) view the body ofter death.						
4 2 5 5 7 8	Total Stories and The Control of the	Attending Med. State	23 B. DATE SIGNED					
E - C - C - C	/ Cas is	DEGREE Phys. Director Phys.	16/8/1					
	23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS Baltimore City Ho	spitals					
rificate m y was reli 1) An acci 1) A at a b	Joel Ann Chasis, M.D.	DEGREE 4940 Eastern Ave., Balto. M	d. 21224					
EXECT:			ly, town, or county) (Stote)					
certificat sody was rs: (1) An D.O.A. at ased pric	Burial 6-11-71 St. T.	homas! Cemetery Garrison Fo	orest, Md.					
This certif the body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRA	AR 25C, FUNERAL DIRECTOR	ADDRESS					
たれ きゅう	JUN 10 371	H Wolenkins & Sons	1 to Md 21212					
	VS 150-REV. 1/1/68	A STATE TOUR TOUR						



a hospital and

71 552	25		BALTIMORE CITY CERTIFICA	HEALTH DEPART		REG. NO	71	5505
I. NAME OF DECE.					a Control	ID HOUR OF DEATH		
(Type ar Print)	Sophi	e Mere	dith Boyce	- 1		8, 1971		1 / 22 44
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	B. COUN	e deceased lived. If in	nstitution:	residence before admission!
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Mary lar		D. INS	IDE CITY	12 0 1 LIMITS?
1111			Hospital	Baltimo			YES 🗔	X NO 🗌
77	(]	DOA)		4102 G		ay		
F	W W	WIDOWED		12/5/18	30	9. AGE (In years lost birthdoy)	If Und- Months	or 1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most of wo	'ATION (Give kind of work orking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or forei	gn country!	12. CIT	ZEN OF WHAT COUNTRY?
Homemal		Own	n Home	Richmor	nd, Va	4.		U. S. A.
Charles	v. Mered	ith		Sophie		ME		
15. Wes Decessed E (Yes, no or unknown) (ver in U.S. Armed For If yes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
No			SECONIII NO.	Mrs. Ro	bert	W. Sides		(Same)
UNDERLYING OTHER SIGNIFIC TO THE DEATH OR CONTRIBUTION OF CON	OR CONDITION DIE EADING TO DEATH mean the mode of sthenio, etc. If meons ication which caused ATECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost, II ANT CONDITIONS COL BUT NOT RELATED TO TI OPERATION 198. CON WAS PERF WAS UNDERLYING ING CAUSE OF ledicol exominer) Month) (Doyl (Yeor)	dying, e.g., the diseose, death.) ony, giving sloting the sloting	(B) DUE TO, OR AS (C) VHICH OPERATION PLACE OF INJURY (e.g., in e.g. form, foctory, street, of	A CONSEQUENCE 20A. AUTOPSY?	OF: (Yes or No. RE DID OCCURY	IN CERTIFYING CA	FINDINGS USES OF	S CONSIDERED DEATH
S OF INJURY			e At Not While					
and hour and i	not (1) (t his hospitot ast saw the decease from the causes stat	d alive on	e deceased from	955 19_71_		9ta_Dea		19 oth occurred on the date
23A. SIGNATURE	rowfod 1	V Kul	parry Jan	nding Med		Shift (C)		TE SIGNED
23C. PHYSICIAN' NAME (Typ	S Dr.	Crawfor	DEGREE Phys	3D. ADDRESS	cter 🗀 🗆	Stoff Phys. E. Eager (ne 9, 1971
24A- BURIAL CREM.	ATION, 24B, DATE	24C.NA	ME of CEMETERY of CRE	MATORY			ty, town,	or county! (Stotel
Burial	6/11/7		Druid Ridge		D: 1	kesville.		
25A. DATE REC'D B	UN 1 0 1971	25B NAME O	FREGISTRAR	25C. FUNERAL	DIRECTOR enkir	ns & Sons	Co . 21.21	ADDRESS 4905 York Ro
/S 150-REV. 1/1/68	4 0 0 0 0							



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG

I. NAME OF DE	ECEASED			2. DATE Known	Month	Day	Year I	lour
Type or Print)	RAYMOND R	MOSBY		OF DEATH Estimated				
4. PLACE IN BA	ALTIMORE, MARYLAN	-	ONOUNCED DEAD	3. DATE	Month	Doy	Year 1	laur
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INS OCATION)	TITUTION, GIVE STREET	PRONOUNCED DEA	6-	7	1971	10:50
42		HOSPITA	L	A. STATE Maryland	where deceased i	B. COUNTY	/	51
SEX	7. RACE	B. MARR	IED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	ITY LIMITS?	
Male	Negro	WIDOV	VED DIVORCED	Baltimore		YI	ES X NO	
DATE OF BIR	20 July lost bir	E (In years rthdoy) 26	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMB	_{ER} Cold Spri	ng Lane		
Δ	(Stote or foreign count	гу)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME John Barn				
4A.USUAL OCC		work 14B. KINE red)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN Margaret				
6 WAS DECEA	SED EVER IN U.S. AR	MED FORCES	7. SOCIAL	IB. INFORMANT		A	DDRESS	
Yes, na ar unknaw	(If yes Active	otes of service	219-40-9268	Dorothy Mo	sby 2924	+ W. Col	dspring	
19.	110		CAUSE OF DEA				APPRO	XIMATE INTER
	amplication which couse ANTECEDENT CAUSE	s	(B)		-			
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Taire

William Sit Lange Mart n & Dyust S. H. 1701 Barrane De.

Refridere, Mr.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH R	EG. NO
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Line Care	BIRTH NO.	REG. NO.
SARAH CAROLYN HORTON PORTON PORTO		
A STATE OR PACHINOUS, MARTIAND, WHERE PRONOUNCED BAD DATE PROFUSIONS ON THE PROPERTY OF THE PR	SARAH CAROLYN HORTON	I DEATH Estimoted L
## HOSPITULION ADDRESS OR COADITIONS STREET STREET		3. DATE Month Doy Year Hour
3. USUAL RESIDENCE (Where decreased lived, it itumbions are installated before confinition)	HOSPITAL ADDRESS OR LOCATION)	Tuno 0 1071 ' 0.50 4
14.13 W, Favette Street S. Markel D. Anvermous S. RACE S. Markel D. Anvermous Divorced Baltimore Property Divorced Baltimore Property	OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
Second S	1413 W Favette Street	
P. DATE OF BIRTH GAGE (Inysers) GAG		
9. DATE OF BIRTH 11=3=49 11 BIRTHPLACE(Sinh or lorsing country) WhiteVille, N. C. 12 CITIZEN OF WHATCOUNTRY WhiteVille, N. C. 13 STREET AND NUMBER 14 SUPPLY STREET AND NUMBER 15 STREET AND NUMBER 16 STREET AND NUMBER 17 STREET AND NUMBER 18 STREET AND NUMBER 18 STREET AND NUMBER 19 STREET AND NUMBER 18 STREET AND NUMBER 19 STREET AND NUMBER 19 STREET AND NUMBER 10 STREET AND NUMBER 11 STREET AND NUMBER 12 CITIZEN OF WHATCOUNTRY Charlie Boone Charlie Boone 10 Donna Campbell 10 WAS DECEASED EVER IN U.S. ARMED FORCES? IVER, no or unknown jill yes, glow were of does of service) 10 DISEASE OR CONDITION DESCRITY INFORMANT CAUSE OF DEATH (This deas EACONDITION DESCRITY INFORMANT CAUSE OF DEATH (A) MANUAL AND NUMBER CHEER AND NUMBER (A) MANUAL AND NUMBER (B) MANUAL AND NUMBER		
11-93=49		F STREET AND NUMBER
11. BIRTHLACE (Sinke or Joreign country)	lost highday) Months, Days, Hours, Min	
Whiteville, N. C. AJUSTAID OCCUPATION Give kind of work 148. KIND OF DESINESS OR INDUSTRY 13. MOTHER'S MADEN NAME Dona Campbell 148. KIND OF DESINESS OR INDUSTRY 15. MOTHER'S MADEN NAME Dona Campbell 148. KIND OF DESINESS OR INDUSTRY 17. SOCIAL N. MAS DECEASED EVER IN U.S. ARABED FORCES? 17. SOCIAL N. MAS D		1413 W. Fayette Street
IAJUSIAL OCCUPATION Give ind al worl Ids. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME DORNA Campbel Donna Campbel Donn		
10. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 17. SOCIAL SECURITY NO. 18. INFORMANT Clement Campbell 519 Mt. Holly Street Clement Campbe	Whiteville, N. C. U. S. A.	
12. MAS DECEASED EVER IN U.S. ARMED FORCES? (*s., no or unknown) (*s.,	done during most of working life, even il retired)	
SECURITY NO. UNKNOWN Clement Campbell 519 Mt. Holly Street APPROXIMATE INTERVAL AND AS A CONSEQUENCE OF: (A)IMMEDIATE CAUSE (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF: (D) DUE TO, OR AS A CONSEQUENCE OF: (A) DUE TO, OR AS A CONSEQUENCE OF: (D) DUE TO, OR AS A C		Donna Campbell
19. 19.	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
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BIRTH	5528			CERTIFICA	TE OF DEATH	REG. NO.	71 5528
	AE OF DECEASED				2. DATE A	ND HOUR OF DEATH	
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FULL I	CE IN BALTIMORE, I			UNCED DEAD UTION, GIVE STREET	A. STATE B. COU	ere doceosed lived. If in: NTY	stitution; residence before todmission
HOSPIT	TAL OR ADD	PRESS OR LOCA	ATION)		c.CITY OR TOWN Baltimore	D. INSII	DE CITY LIMITS? YES NO
90	ASHBURTON	NURS I NG	HOME		E. STREET AND NUMBER 636 George	Street	
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Under 1 Yr., If Under 24 Hrs
F		١	WIDOWED		1900	71	
done du	SUAL OCCUPATION (uring most of working life.	Give kind of work aven if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTR
		, , , , , , , , , , , , , , , , , , , ,	Ret	ired	Smithfield,	Virginia	U. S. A.
13. FAT	HER'S NAME				14. MOTHER'S MAIDEN NA	ME	
W	/infield,Wil	lliams			Sally Winfie	1 d	
15. Wes	Deceased Ever in U or unknown) (if yes, g	S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO -	No		218-07-5613	Eddie Newby	636 Georg	ge Street
18.		1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CO		ECTLY			4	BETWEEN ONSET AND DEATH
,,,,		TO DEATH	dut.	(A) IMMEDIATE CAU		reclusion	day
he	nis does nal meon arl lailure, asthenia,	elc, II means	the discose,	DUE TO, OR AS	A CONSEQUENCE OF:		7
inj	ury at camplication	which caused	death.)				
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	ISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS se to the above cause (A) stoling the				A CONSEQUENCE OF:		***************************************
	NDERLYING CONDI		sioling ine	(c)			
		11					
O OTI	HER SIGNIFICANT CO	NDITIONS COL	NTRIBUTING				191
A DIS	THE DEATH BUT NO EASE OR CONDITION	GIVEN IN PART	[[(A).	***************************************	***************************************		
CERTIFICATION SID OIL	DATE OF OPERATION	WAS PERF	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY7 (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
OR DE	ACCIDENT WAS U CONTRIBUTING C ATH (notify modical e	INDERLYING C AUSE OF xominer)	21B, hom etc.J	e, form, foctory, street, al	or obout 21C. WHERE DID	(H In Boltimore	City, give exact location)
MICE	TIME (Month)	(Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
> I '	PPROX.)		Whi	lo At Not While	· 🗆 .		
22.	I certify that (1) (his hospital			July 11	1967 10	mine 6 10 71
1 .	it (1) (we) last saw			June 6	19 77/ and th	hat In (my) (our) anin	ian death accurred an the dat
1				(Wa) (Jel) (Jel)	ew the bady after death.		.a., acam accontag dil lile dat
	SIGNATURE	/	17 //	/ twelvers (ain int) A	ien the body direc dedin.		23 B. DATE SIGNED
	derie	pam /	5. He	work 1 DAHe	nding Med.	Staff	may 8 1971
230	NAME (Type)	3RAHAM	B. Hu	RWITZ MD	3D. ADDRESS Liber	Hy RI Ba	Shinore Md
24A. BL	URIAL CREMATION	24B, DATE	24C N4	ME OF CEMETERY OF CRE	MATDRY 124D I	DCATION (City	town or county (51-11)
RE	URIAL CREMATION,					Baltimore, M	(Slote) (Slote)
25A P	Burial	6-11-71		. Auburn Cemet			
.JA. D.	JUN 1	0 1971	January	Margey M.R.	Morton & Dye	tt F. H 1701	Laurens St.
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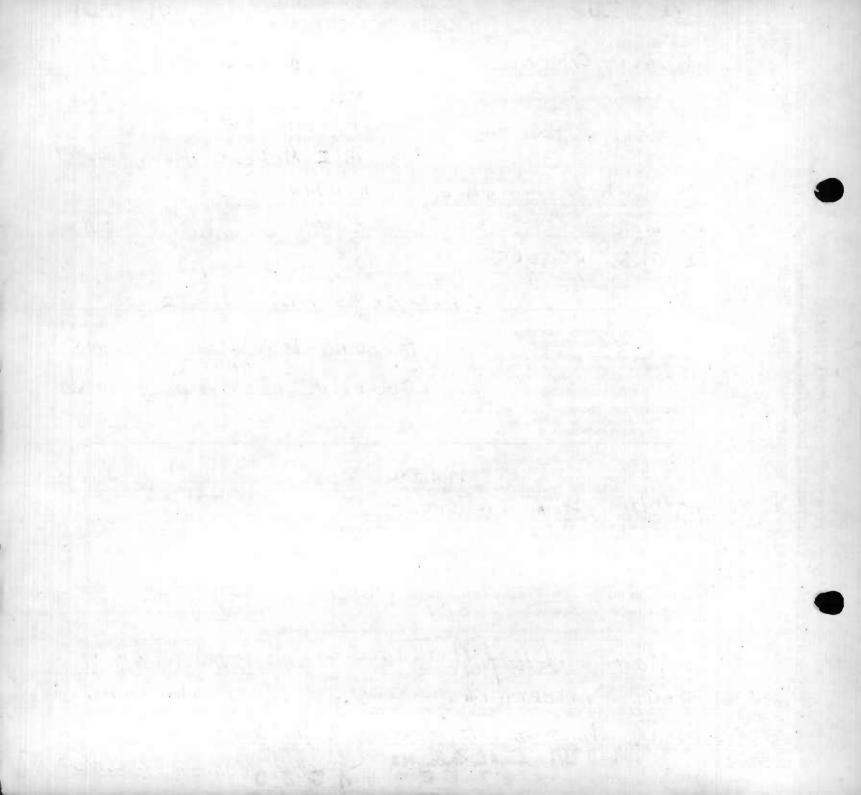
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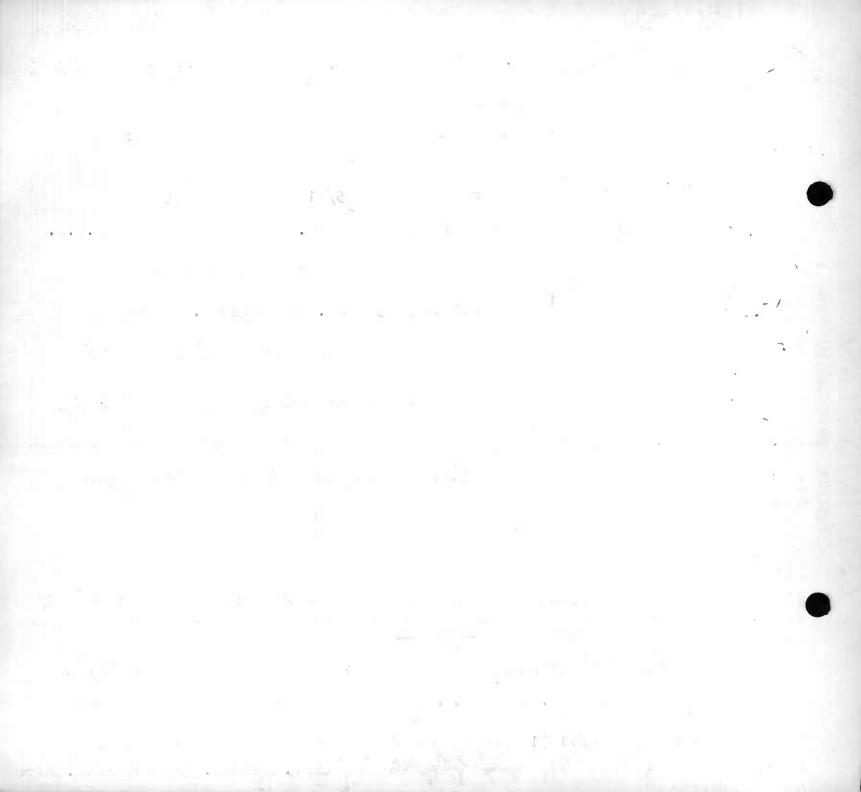
FUNERAL DIRECTOR:



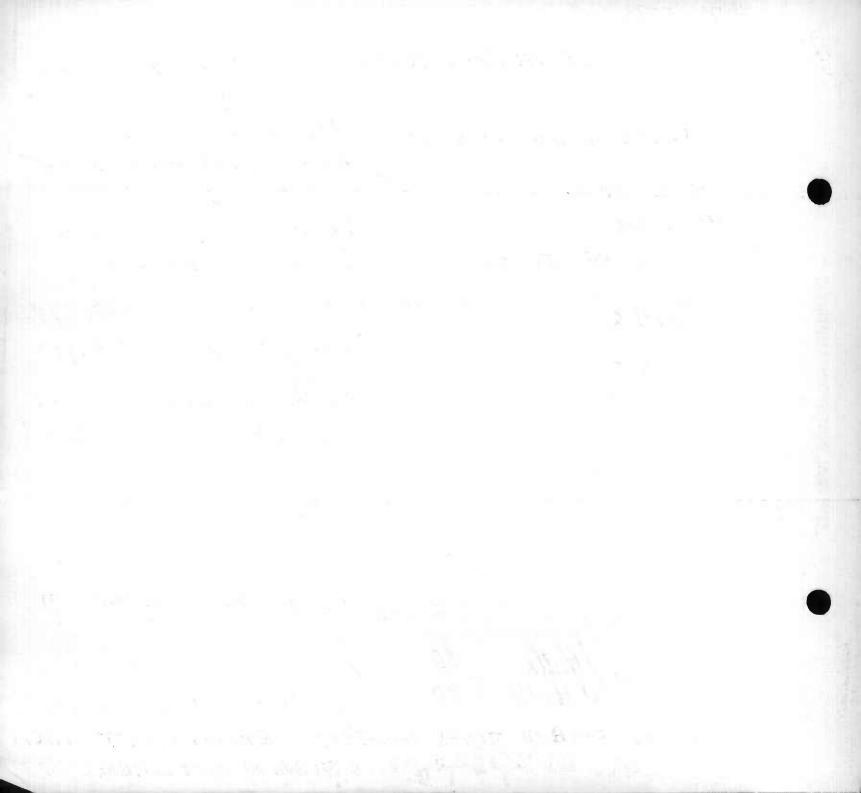
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BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO.	71 5531
IRTH NO.		
NAME OF DECEASED ype or Print)	2. DATE Known Month Doy	Yeor Hour
Carlotta Gantt	DEATH Estimoted	M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) RINSTITUTION	PRONOUNCED DEAD 6 1 5. USUAL RESIDENCE (Where deceased lived. If Institution	71 12:10 a M.
	A. STATE B. COUNTY	residence before damission)
) / 4410 Pall Mall Rd.	Maryland	15/3
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
female colored WIDOWED DIVORCED	Baltimore y	s No
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
VET. 19. 1424 46	4410 Pall Mall Rd.	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Cottomero MN WHAT COUNTRY?	James Thuson	
4A.USUAL OCCUPATION (Give kind of work AB. KIND OF BUSINESS OR INDUSTR		
one during most a working life, even if retired)	The following	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AI	DDRESS
es, no or unknown)(If yes, give wor or dotes of service)	The Marie (1)	W. A.
2/7-16-8611	Mr. William Sand fr. 4	HOTAR MAKERA
19. CAUSE OF DEA	ATH /	BETWEEN ONSET AND DEATH
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(This does not mean the mode of dyling, e.g., DUETO OR.	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)		
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(APPROX)	WHILE VORK	
23.		
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resulted from: Notural causes Accident Suicident		
resulted from: Notural causes Accident D Suicia		
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SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Werner U. Spitz, M.D. Dep	outy Chief Medical Examiner	6/1/71
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		n, or county) (State)
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		DDRESS
JUN 10 1971 258 NAME OF REGISTRAR		DDRESS Whistlen
		DDRESS 122 M. Mistler

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BIRTH NO.	532			TE OF DEAT		1/1 5532	3
1. NAME OF D (Type or Print)	AXEI	W .	Takus	Sr. 2. DA	TE AND HOUR OF DEATH	1/- 1	A 35
3. PLACE IN I	ALTIMORE MARYLAND, W	HERE PRONC	JOHNSON DUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, H	institution: residence befor	A
FULL NAME (HOSPITAL OR INSTITUTION		AL OR INSTI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	COUNTY	SIDE CITY LIMITS?	4/3
90	House In The	Pines	Belair Road	Baltimore E. STREET AND NUME	BER	YES NO]
5. SEX				3203 Echoda	le Avenue		
Male	Caucasian	WIDOWED		5/21/92	9. AGE (In years lost birthdoy)	Monthei Dave i House	nder 24 Hrs s Min,
doue anting west	CCUPATION (Give kind of work of working life, even if refired) aptian	1	chant Marine		or foreign cauntryl	12. CITIZEN OF WHA	
13. FATHER'S N	IAME	·		14. MOTHER'S MAIDEN	NAME		
Р	eter John	son		Ties T	ohannah Pri	ince	
5. Was Deceas Yes, na or unkno	ed Ever in U. S. Armed For wnl (If yes, give wor at dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	onannan 111	ADDRESS	
Yes	W W 1		214 18 3433	Mr. Fred	derick A. Je	hnson	Same
1B. / S	25 XI		CAUSE OF DEAT	1	action no oc	APPROXIMATI	EINTERVAL
DISE	ASE OR CONDITION DI	ECTLY		1 -	7/ 7.	BETWEEN ONSE	T AND DEAT
(This days	LEADING TO DEATH		(A)IMMEDIATE CAU	SE Monte 1	Year Tachen	e / home	
head failur	nal mean the made of e, asthenia, etc. If means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	******************************		***************************************
injury at c	amplication which caused	death.)	0	4-			
	ANTECEDENT CAUSES		(a) Clan	to Bronche	m. ·	110 %	
DISEASES	OR CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Massage was	12 /100	~
rise la	the above cause (A) NG CONDITION last.	stating the					
ONDENETH	TO CONDITION TOSI,		(c)		**********************		
TO THE DE.	II VIFICANT CONDITIONS CON ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL	Perhima De	in : Choi B	Bui Symm. 8. F	P. H. years	
19A.DATE	OF OPERATION 198 CONT	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	OF No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF CAUSE OF CAUSE OF	21B horr elc.	PLACE OF INJURY (e.g., In ne, form, loctory, street, aff)	ar obout 21 C. WHERE DI	ID (If In Boltimor	re City, give exact location	1)
OF INJURY	(Month) (Doyl (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
(APPROX.)		Wh	ile At At Wark		,		
22. 1 certif	y that (1) (this the ital)	attended t	he deceased from	6/12	19 66 10	6/8/	10 7/
thot (1) () lost sow the decease	d olive an	6/	2/19/2/ on	d that fri(my) (aut) opl		on the date
ond have a	nd from the couses state	ed above. (I) (\#e) (did) (did not) v	ew the bady after dec	oth.		
23A. SIGNA	II - n p	./	After	ding Med.	Shaff C	23B. DATE SIGNED	
23C. PHYSIC	IAN'S	edling	GEGREE Phys.	Director L	Shaff Phys.	6/8/1/	
	Albert B.		DEGREE	4900 Bel	air Road Balt	timore Maryla	nd
REMOVAL			AME OF CEMETERY OF CREA	Account of the contract of the		ly, tawn, or caunty)	(Stote)
Burial	6/11/7		dens of Faith		Baltimore	Maryland	
DA. DATE REC'	JUN 10 1971	25 ANAME C	E. Jaiber M.D.	Leonard J.		ADDRESS	21214
S 150-REV. 1/1		-7/		14 3	5]		



1 5533	BALTIMORE CITY	HEALTH DEPARTMENT	Py.4	5533	
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO. 71	. ეემა	
I. NAME OF DECEASED	1	2 DATE AND	D HOUR OF DEATH		
(Type or Print) LEAMOX	(BUCK) JONE	S JUA	-	1 1 8 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived If institu	tion: residence before admission)	
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN		603	
00 2022 E BALTI	MORE ST	E. STREET AND NUMBER	RE YE	S NO [
5. SEX 6. RACE 7. MADE	RIED NEVER MARRIED		AGE (In vegrs III	E SIREET	
MALE INDIAN WIDON			ost birthday	Under 1 Tr. If Under 24 His. onths Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN)		11. BIRTHPLACE (Stole or foreign	on country) It's	CITIZEN OF WHAT COUNTRY?	
done during most of working life, even if refired) LABOR		ROBESON CO.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		U,SIA.	
LUKE TONE 15. Was Deceased Ever in U. S. Armed Forces?		ANNIE MA	SE LOCKL	EAK	
(Tes, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	17. INFORMANT		ADDRESS	
NO	241-50-8784	NAMIE MAE JON	IRS AT3 BOX I	LUMBERTEN NC	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Cinter l	1/01/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
LEADING TO DEATH (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease,					
injuly or camplication which coused death.)	111	1/2 1.)	
ANTECEDENT CAUSES	(B)	Vayeno (n	morn	Ewnow m	
DISEASES OR CONDITIONS, il ony, giverise to the above couse (A) stoling UNDERLYING CONDITION (ast.	IIIe	A CONSEQUENCE OF:	")	meenint	
11	(C)		*****************	mileyouvi	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS LINDERSTRING.	NG IAL				
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPST? (Yes or No)		NGS CONSIDERED	
WAS PERFORMED		Mo	IN CERTIFTING CAUSES	OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURT (e.g., in home, form, factory, street, offi etc.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimore City	/, give exact lacation)	
S OF INJUST	21E INJURY OCCURRED	21F. HOW DID INJU	RT OCCUR?		
(APPROX)	While At Work At Work		15	2 2	
22. I certify that (i) (this hospital) attende	ed the deceased from	Spring 19	61 to 5	Jun 1071	
that (i) (we) lost sow the deceased office of	/ 1/	011	in(my) (aur) apinion	deoth occurred on the dote	
and hour and from the causes stated above	o. (1) (We) (did) (did not) vi	ew the bady after death.			
23A. SIGNATURE	MA		238,	DATE SIGNED	
Mulla	MATTER Aften Phys.	ding Med. Si	taff hys.	9 Jun 71	
23C. PHYSICIAN'S NAME (Type) / HV//A	MD 23	2714 9	touth Li	7/22/	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	NAME OF CEMETERT OF CREA	MATORT 24D. LOC	CATION (City, to)	vn, or county) (State)	
BURIAL JUNE 1971	JUNES CEMI	ETERY RO	BESON COL		
25A, DATE REC'D BY HEALTH DEPT. 25B NAM	LE Saber M.D.	25C. FUNERAL DIRECTOR		ADDRESS	
VS 150-REV, 1/1/68	7	YOUNG SALIN	16 1800 E 70.	TOARD ST	



4 5534	BALTIMORE CITY	HEALTH DEPARTMENT	5524	
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	- 1000 x	
I NAME OF DECEASED		2. DATE AND HOUR OF DEATH		
GRABOWSKI,		6/7/71	7:20 a. M.	
3. PLACE IN SALTIMORE MARYLAND, WHERE PROP	A CALL DEVELOP	4. USUAL RESIDENCE IWhere deceased lived, If in A. STATE B. COUNTY	nstitution: residence before admission)	
HOSPITAL OR HASPITAL OR INS		Maryland Baltimore 5300		
HOSPITAL OR ADDRESS OR LOCATION)	6-14-71	C. CITY OR TOWN CATONSVILLED. INS		
32		E. STREET AND NUMBER	YES NO X	
35 The Johns Hopkins	Hospital	408 Locust Drive	21 2 28	
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.	
Female White woow	DIVORCED DIVORCED	3/22/22 lost birthdoy 49	Manths Days Haurs Min.	
IOA USUAL OCCUPATION (Give kind of work 10B, KINO fone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRYT	
Housewife		Maryland	U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Chester		Victoria Mazaicka		
S. Was Deceased Ever in U. S. Armed Forces? [es.no or unknown] (If yes, give war or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 21228	
No	216-16-8699	Mr. Francis T. Grabowski,		
18, 2/9 4.01	CAUSE OF DEAT		APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY		1 to D	BETWEEN ONSET AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.	(A) IMMEDIATE CAL		nea latis	
heart failure, asthenia, etc. It means the diseas	g. DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES	1 0	novascular Accedent	100	
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giving the state of the above cause (A) stating the UNDERLYING CONDITION last.	he (c) Embo	li from Prostletu Nitral	la 3 yrs	
II II	.00			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G Kheu	mater Heart Disease		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE	FINDINGS CONSIDERED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1		10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., income, form, foctory, street, of	n or obout 21C, WHERE DID (If In Boltimor fice bldg., INJURY OCCUR?	e City, give exoct locotion)	
21D. TIME Month) Doyl (Year) Hour) 2	IE INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	While At Not While Nork At Work	• 🗖 📗	1	
22. I certify that (f) (this hospital) attended		3 / 2 2 2 /	67 10 457	
that (f) (we) last saw the deceased alive an			nion death occurred on the date	
and hour and from the causes stated above.				
23A. SIGNATURE			23B, DATE SIGNED	
Whehall to Mers	DEGREE Phys	nding Med. Staff Director Phys.	97/45 71	
23C. PHYSI CIAN'S NAME (Type)		23D. ADDRESS		
Michael H. Mers	on, M.D.	The Johns Hopkins Hos	spital	
	NAME of CEMETERY OF CRE		ly, town, or county) (State)	
Burial 6-10-1971 Mea	adowridge Cemet	ery Washington B1	vd., Howard Co., Md.	
SA. DATE REC'D BY NEM TO DET	E HALLE & D	25C. FUNERAL DIRECTOR	ADDRESS	
111111111111111111111111111111111111111		Howard H. Hubbard , 4107	Wilkens Ave. 21229	
'S 150-REV. 1/1/68		-		

Letter from Johns Hopking.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Printl ECK. HELEN MARIE death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before admission) MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? AGNES HOSPITAL BALTIMORE YES X prior CATON & WILKENS AVENUES E. STREET AND NUMBER MARYLAND 4909 PARKTON COURT 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE IIn years lost birthday) if Under 1 Yr. Months: Days FEMALE WIDOWED [X] 06/22/02 DIVORCED | 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) HOUSEWIFE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUTHER MITCHEL XXXXXXXXXXXXXXXXX MIRIA 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give war or dates of service) 6. SOCIAL 17. INFORMANT BALTO MD 21229 SECURITY NO. attendance RECORDS CATON & WILKENS AGNES 9 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Cur cul (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY le.g., in or about 21C. WHERE DIO hame, form, factory, street, affice bidg., INJURY OCCUR? (If In Boltlmare City, give exact location) MEDICAL DEATH Inatify medical examined obtained 21 D. TIME OF INJURY (Manthi (Doyl (Year) 21 E INJURY OCCURRED (Haur) 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work 22. I certify that (X) (this haspital) attended the deceased from... that (){ (we) last sow the deceased alive on JUNE and that In (my) (aur) apinian death accurred on the date hospital must and hour and from the couses stated above. (1) ((We) (did) (did)(did)(23A. SIGNATURE Ö 238, DATE SIGNED Attending ___ Med. Director prior to written approval 06/07/71 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS at BALTO MD 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) D.O.A. AGNES HOSPITA DEGREE deceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 6-9-1971 Baltimore National Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR oward H Rubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

5535

21229

No [

U.S.A.

HENNICK

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.

ALTERNATION OF THE STATE OF THE Markett Colored Barrers er egge 1010 Burketin - Littlere e veg Mark Control of the C

IMPORTANT

FUNERAL DIRECTOR:

71 55	36		BALTIMORE CITY	HEALTH DEPARTMENT	X	74 5520	
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	1 5536	
I. NAME OF DE	CEASED				AND HOUR OF DEATH		
(Type or Print)	olan, mo	ary 1	Muriel		ne 6. 197		
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If ins	stitution: residence before admission	
FULL NAME OF	F 45 110 11 11 11 11 11 11 11 11 11 11 11 11			A. SIAIE 8. COL	אואנ	F 6	
HOSPITAL OR	ADDRESS OR LO	CATION)	UTION, GIVE STREET	m.D. Baltimore 3300			
1/311101101				C. CITY OR TOWN		DE CITY LIMITS?	
4800	SACH			Baltimor	0	YES NO	
/ 10011	Secours			×XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX 924	St. Charles Ave.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED Y	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 %. If Under 24 His.	
	White	WIDOWED		3-8-98	7 3	Monins Doys Hours Min.	
IOA. USUAL OCC	UPATION (Give kind of w f working life, even if retired	ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY	
	Factory Work		on Drug Co.	POUT	Maryland		
13. FATHER'S NA	ME WOLK	CE ZIII-23	on Diag Co.	AAAAA.	•	U.S.	
	**************************************			14. MOTHER'S MAIDEN N.			
	nes Nolas			minery	a Hende	r 50n	
5. Was Deceased Yes, no or unknown	d Ever in U. S. Armed f	Forces? ples of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21229	
No		OFFICE AND ADDRESS.	215-07-054	Mrc Acatha	Widdows 02/	St. Charles Ave.	
18.	0900	TETRO O	CAUSE OF DEATH	MIS. Agacila	widdows, 924		
DISEA	SE OR CONDITION I	MARCHIN	20			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
0.552	LEADING TO DEAT	H	Chr 1	acute Buch	failure_	1	
(This does	not mean the mode	of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		asa	
heort failure,	osthenio, etc. It meor application which cause	ns the disease,	DOC 10, OR A3 1	CONSEGUENCE OF:			
	ANTECEDENT CAUSE		Cl2	Milanine De	. 7. 0	0. 7	
1			(B)	and in other	uns, back	777	
rise to th	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYIN	G CONDITION lost.	, storing in	(c)				
	11						
OTHER SIGNII	FICANT CONDITIONS C	ONTRIBUTING					
	TH BUT NOT RELATED TO CONDITION GIVEN IN PA	ART 1 (A).	**********				
19A. DATE OF	OPERATION 198 CO	NDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE FII	NDINGS CONSIDERED	
19A-DATE OF		RFORMED		Jun	IN CERTIFYING CAUS	SES OF DEATH?	
21 A. ACCIDE	NT WAS UNDERLYING	21B,	PLACE OF INJURY le.g., in	or obout 21C. WHERE DID	W In Boltimore	City, give exoct location)	
DEATH (notily	medical examined	etc.)	torm, loctory, street, off	ice bldg., INJURY OCCUR?	• • • • • • • • • • • • • • • • • • • •		
21D. TIME	(Month) (Doy) (Year	d (Hour) 21E.	INJURY OCCURRED	OLF HOW DIE IN			
OF INJURY	1-0/1 (100)			21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		Work	e At Not While				
22. I certify	that (I) (this hospite	el) attended the	e deceased from 19	AY 28	1971 ta 14	INC 1 1971	
	lost saw the deces		June 5	19Z/and t		on death occurred on the date	
	•			ew the body after deoth.	ugi inti mit foot) abitit	on death occurred on the date	
23A. SIGNATU	JRE .	4	(we) (did) (dia wol) Vi	ew the body after deoth.			
1 1/	1 1 11	1) M.D. Atten	ding Med.		38, DATE SIGNED	
23C. PHYSICIA	m F. 17	artman	DEGREE T"Y	Director L	Staff Phys.	JUNE 6, 1971	
NAME (T	ypel		2	3D. ADDRESS			
			880000				
A. BURIAL CRE	MATION, 248, DATE	24C. NA	ME of CEMETERY of CREA	MATORY 24D. 1	LOCATION (City,	town, or county) (State)	
Burial	4.30						
SA. DATE REC'D	6-9-19		Cathedral Cer		ltimore, Mary		
	JUN 1 10 1971	122.05	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
/S 150-DEV 1/1/	68 1000			Howand H. Hu	para, 410/ W:	ilkens Ave. 21229	
/S 150-REV. 1/1/	00						

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

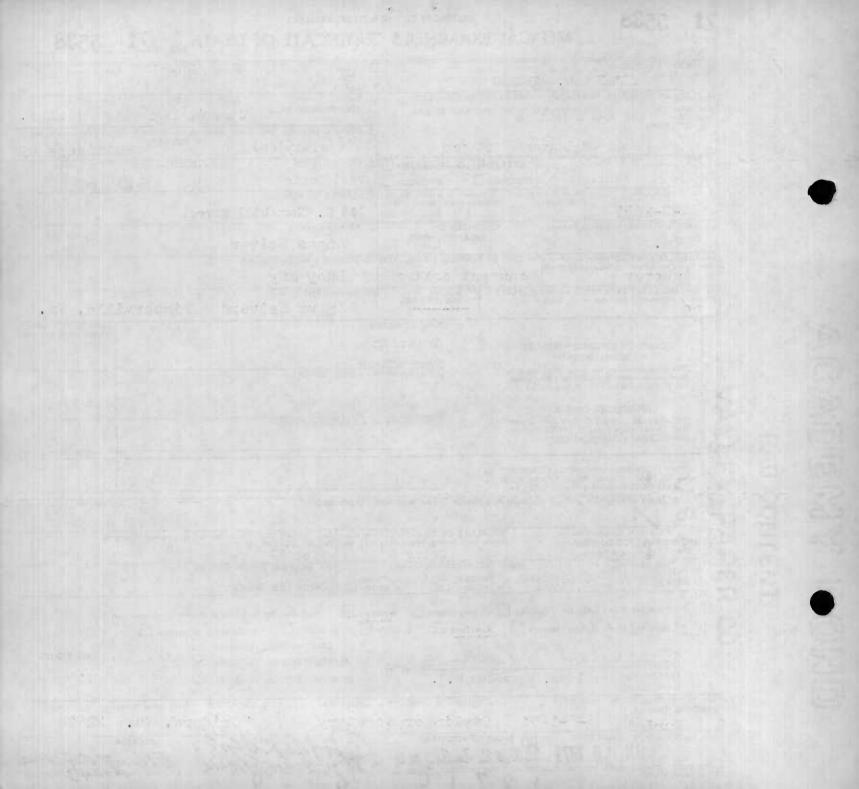
BALTIMORE CITY HEALTH DEPARTMENT

Jegun Her att A contraction of the contract /1 5538

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	PEG	
			•		REG.	N

4	1	68
9		

MEDICAL MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	L 5538
BIRTH NC.		REG. 110.	
NAME OF DECEASED Type or Print)		2. DATE Known Manth Day	Year Hour
ALLEN W. SIEVERS		OF DEATH Estimoted	м.
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) OR INSTITUTION	UTION, GIVE STREET	PRONOUNCED DEAD June 4, 1971	12:00 P _M
Pier 7 foot of Lancaster	Street	S. USUAL RESIDENCE (Where deceased lived. If institution: r A. STATE B. COUNTY Maryland	Baltimore Ci
	DE NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	
Male White WIDOWE		Baltimore YES	K No 🗆
last birthday) . A	f Under I Yr. if Under 24 Hrs. Aanths Doys Hours Min.	E. STREET AND NUMBER	1111
9 (-/) 1		218 E. Churchill Street	2201
Va. e	WHAT COUNTRY?	13. FATHER'S NAME Angus Seiver	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
one during most of warking life, even if retired) laborer Monut	ment setter	Lucy May	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na ar unknown] (If yes, give war ar dotes af service)	17. SOCIAL	18. INFORMANT ADD	RESS
no	SECURITY NO.	Angus Seivers Timber	ville, Va.
19.	CAUSE OF DEAT	TH CONTRACTOR OF THE CONTRACTO	APPROXIMATE INTERVAL
	Drowning	ø	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This does not mean the made of dying, e.g.,	(A)IMMEDIATE C		
heart follure, osthenio, etc. It meons the disease,	DUE 10, OK A	S A CONSEQUENCE OF:	
Injury or camplication which coused deoth.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	(c)		
<u> </u>	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATIONS WA	S PEDECORMED	21. AUTOPSY? (Yes or No)
D COMMINION PROPERTY OF THE COMINION PROPERTY OF THE COMMINION PROPERTY OF THE COMMINION PROPERT	OK WHICH OPERATION WA	S FERFORMED	ZI. AUTOPST? (Tes or No)
			yes
22A. EXTERNAL CAUSE WAS UNDERLYING ₩ OR CONTRIB-	B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (II in Boltimore City, give exact bidg., etc.) INJURY OCCUR?	lacation)
UTING CAUSE OF DEATH.	Water	Pier #7	3
22D. TIME (Manth) (Day) (Year) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE AT NOT AT W	ork Tound in water	
23. I certify that I held on Inquiry	Inspection Aut	ond that on this basis, death in my o	niston
resulted from: Natural couses	Accident Suicid		
ACTUAL / COLUMN	11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE THE PICE	M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornh		ASSOCIATE MEDICAL EXAMINER	6/4/71
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	os country) (c
REMOVAL (Specify)	The state of the s		
Burial 6-8-1971	Caplinger Co		22820
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNDRAL DIRECTOR ADD	DRESS
JUN 10 1971 Pages	E. Faber M.D.	Hampoth Slack Ell	cost lity md
'S 151-REV. 1/1/68	7	01/1	×1043



IMPORTANT

FUNERAL DIRECTOR:

5539	BALTIMORE CITY	HEALTH DEPARTMENT	171.4	90
BIRTH NO.	CERTIFICA	TE OF DEATH	EG. NO. /1	5533
1. NAME OF DECEASED		12. PATE AND HOUR	OF DEATH	
Type or Mamie Grown		June 7.	021	5-15 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceos	ed lived. Il institution:	residence before admission
			,	all and a significant
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	ma city		2001
INSTITUTION	. 1	C. CLLY OR TOWN	D. INSIDE CITY	LIMITS?
Datarbar View Nursin	n. Hamo.	Libal to	YES 🛂	NO 🗌
P. I. I. S. I.	9 110 110	E. STREET AND NUMBER	01.	
1213 dight ST		1941 W. toyelle	ST	
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH. 9. AGE (I lost births	n yeors If Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
F WIDOW	VED DIVORCED	3/15/62 1051 0111	S Monins	Doys Hours Min.
10%, USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign countr	(12. CIT	ZEN OF WHAT COUNTRY
done doning most of working life, even if retired)		51		
Kesterrant		216		45/1
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-	
Veter Wokes		unknown		
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service	security No.	Λ ' Λ		01
110	418-05-5831	mrs Daisy Dukes	23H Fre	ette St
18. 4-12 414	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	-60	- X. A No. 17	aluel	unel
LEADING TO DEATH	(A) IMMEDIATE CAU			1 aux
(This does not meen the mode of dying, elect foilure, ostherio, etc. It means the disection.)	DUE TO, OR AS	CONSEQUENCE OF:		
injury or complication which caused deoth.)	//	0 1/1 0	12	7
ANTECEDENT CAUSES	4	s. C.V. Nu	o a e o	
DISEASES OR CONDITIONS, il any, giv	ing (B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove cause (A) sloting	the //	1. O.VA		2 186.
UNDERLYING CONDITION last.	(c) / \(\sigma\)		************	F 00 -
z		050 6 00	110	~7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL AL	hates Melle	Kus	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
19A. DATE OF OPERATION 19B. CONDITION FO	OK WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. (F	YES, WERE FINDINGS	CONSIDERED DEATH?
oc U				
_ OR CONTRIBUTING CAUSE OF	218, PLACE OF (NJURY le.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	If In Bostlmore City, glv	re exact location)
DEATH fnolify medical examiner	etcJ			
- OF INTITION	21E INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?	
₹ (APPROX.)	While At Not Whife			
20 1 46 4 40 41 4 4 4	Work At Work	71-1-		
22. I certify that (i) (this hospital) attende	1 /	6/3/7/19	to	719/_
that (i) (we) last saw the deceased alive o	/) (aur) apinian dea	th accurred on the date
and haur and from the causes stated above	. (1) (We) (did) (did not) vi	lew the bady after death.		
23A. SIGNATURE	2 //		238, DA	TE, SIGNED
mems. 6	// // // 101	Med. Stoff Phys.		9/8/7/
23C.PHYSICIAN'S	DEGREE	3D. ADDRESS		
NAME (Type)	BUNNAN	1111- Al. P.	LUERT.)7
24A BURIAL CREATAVION OF STATE OF	DEGREE	1/14		
24A. BURIAL CREMATION, 248, DATE 240	NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town,	or county) (State)
(Buriel 6/0/21 /	no aubern	Con Bal	0	mo
25A. DATE REC'D BY HEALTH DEATH 240 NAM	NE OF KINGSTON	25C FUNERAL DIRECTOR	- 0	ADDIESS
JUNIO DI GAGO	" G. YALBON KD.	- Trum on the a	Dolen 1	Solta mil
VS 150-REV. 1/1/68		The state of the s	WW P	rano III



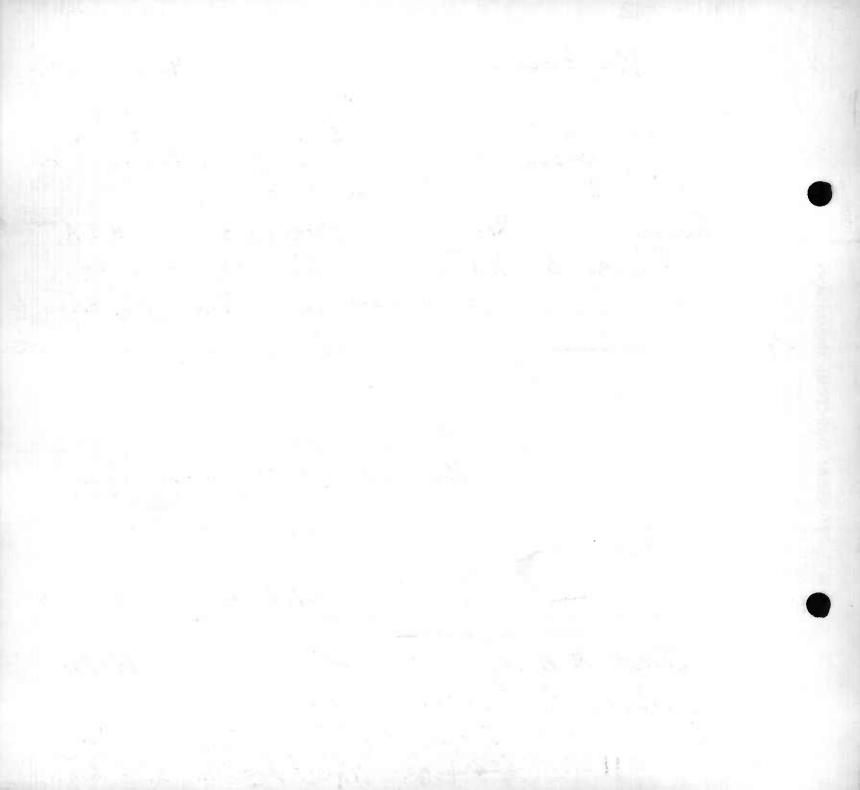
PIRTUALO				174 FF 40
	CERTIFICA	TE OF DEATH	REG. NO	71 5540
BIRTH NO. 1. NAME OF DECEASED				—
(Type or Print) Mrs. Mabel	H. Hadsall	1	ne 6. 1971	130A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If	institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	TON CINE CTOPET		NII	901
HOSPITAL OR ADDRESS OR LOCATION)	ION, GIVE SIKEE!	Maryland c, CITY OR TOWN	n IN	SIDE CITY LIMITS?
		Baltimore		YES X NO
07		E. STREET AND NUMBER		110 [24]
904 Argonne Drive		904 Argonne	Drive	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yours	If Under 1 Yr. If Under 24 Hr
Female White WIDOWED K		Dec. 31, 1881	lost birthdayl	Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of fo	reign country)	12. CITIZEN OF WHAT COUNTS
Housewife		Kewanee, I	77	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		UDA
A33 A 75 3				
Albert A. Enslow 5. Was Deccased Ever in U. S. Armed Forces?	6 \$00[4]	Elizabeth	A. Shipley	
Yos, no or unknown) (If yos, give wor or dotes of service)	6. SOCIAL SECURITY NO.			ADDRESS
	1	rs. Leslie W.	Norris 904 A	rgonne Drive
18. 4 4 0 1 1	CAUSE OF DEATI	001		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		1 11. 12	0	PET WEEK ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Stored	ecledie	0
heart failure, astherio, etc. It means the disease	DUE TO, OR AS	CONSEQUENCE OF:		
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)	110		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
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		1/1 0	, 1	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Popile	Vonata of M	so. phery	ny
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION IPR. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Dey) (Ycor) (Hour) 21E. IN While Work 22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased dive on and hour and from the souses yated above. (I) (23A. SIGNATURE WILLIAM G. HEL 24A. BURIAL CREMATION. 24R. DATE REMOVAL (Specify) Burial June 9, 1971 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	ACE OF INJURY (e.g., if form, foctory, street, of the form, foctory, street, of the form, foctory, street, of the foctory, str	21F. HOW DID IN 22F. H	(If In Bolimo	Inion death occurred on the day

Fig. 18 M. J. Mary . C. Carlon ILIA .. malelia TELETE A SCHOOL that make the state of the state of P. 1 1 - 51 produced out to the second of the second of the second out to the ores each alleranti - Herry II do on the first

		71	5541
DEC	110	of seller	C C Table

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	71 5541
BIRTH NO.	REG. NO.	
1. Name of Deceased (Inc. or Finite or Property of Company of Comp	2. DATE Knawn XS Month Doy OF DEATH Estimated	Year Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 5 17	71 5:00 p M.
/\ /\	5. USUAL RESIDENCE (Where deceased lived, if institution: A. STATE B. COUNTY	
6. SEX 7. RACE B. MARRIED ALEVED MARRIED	North Carolina C. CITY OR TOWN D. INSIDE CIT	uilford /
MARKIED LINEVER MARKIED		
male White WIDOWED DIVORCED 4.	4	NO NO
Dec. 24, 1927 lost birthdoy) 43 Months Doys Hours Min.	3706 Heath St.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
North Carotina U.S.A.	Roy Alexander	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
Painter Home Improvement	Ethel P. Robins	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) Yes WII 11. SECURITY NO. 242 28 6339	S. E. Alexander 810 Engles	vood St.
19. 5 7/ CAUSE OF DEA	ТН	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		DETWEEN ONSE! AND DEATH
LEADING TO DEATH	CAUSEFatty alteration of liver	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		VOUGS (NY
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or Na)
		yes
	, in or about 22C. WHERE DID (If in Baltimore City, give exoc ce bldg., etc.)	l locotion)
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
WHILE AI NO	WHILE WORK	
23.		
	ond that on this bosis, death in my	
resulted from: Notural causes X Accident Suici	de Homicide Undetermined monner	
ACTUAL MARIA (SA)	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.E.	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	E /10 /71
NAME (Type) Werner U. Spitz, M.D. D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Deputy Chief Medical Examiner or CREMATORY 24D. LOCATION (City, town,	5/18/71 ar county) (State)
Burial 5/22/71 Forest Lawn	Greensboro, Nor	th Carolina
25A. DATE REC'D BY HEALTH DEPT		DDRESS
JUN 14 13/1 13000 C. Vaiber, M.D.	Wm. E. Johnson 8521 Loch	Raven Blvd.
VS 151-REV. 1/1/6B	0 4 5 9 1	11

THE RESERVE OF STREET



VS 150-REV. 1/1/68

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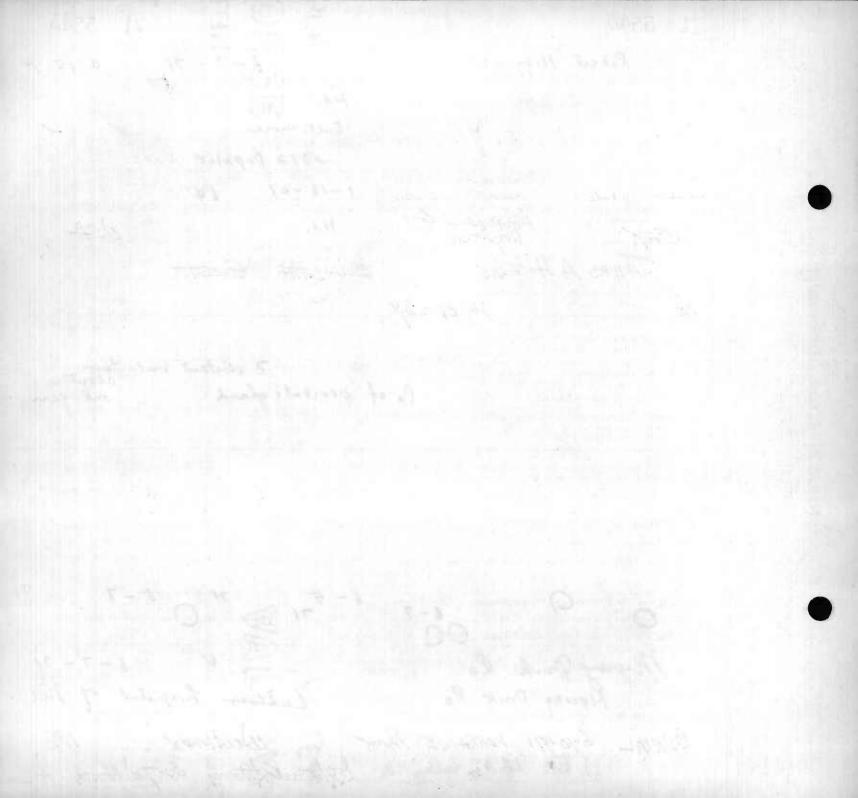
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71 554	14			HEALTH DEPARTM		REG. NO. 71	5544
BIRTH NO.	No.		CERTIFICA	TE OF DEA	IH		
1. NAME OF DECE			= 0.45	2. [DATE AND HOU	R OF DEATH	
	WINKLER				JUNE C	7, 1971	2:00 P
3. PLACE IN BALTI	MORE, MARYLAND, WH	ERE PRONOUN	CED DEAD	4. USUAL RESIDEN	CE (Where deced B. COUNTY	sod lived. Il institutio	n: residence before odmissia
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTIO	ON, GIVE STREET	257 MC	CURLEY	STREET	2041
HOSPITAL OR	ADDRESS OR LOCATI			C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?
1/1	ST.AGNES 1			BALTIMO		YES	X NO 🗆
70	WILKENS &		AVE.	E. STREET AND NU			
	BALTIMORE,	MD.	21229	MARYLAN			2122
		MARRIED A	NEVER MARRIED	8. DATE OF BIRTH	lost birt	(In years II U	nder 1 Yr. If Under 24 Hi
MALE		WIDOWED	DIVORCED _	03-14-24	- 4	7	
done during most of we	PATION (Give kind of work) (orking life, even il retired)	B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or loreign coun	try) 12. (CITIZEN OF WHAT COUNT
TRUCK D		HOLZSWE	IG BROS.	MARYLAND			U.S.A.
13 FATHER'S NAM		TO LL J YY L	IG BROS.	14. MOTHER'S MAIL	DEN NAME		U.S.A.
WALTED	WINKLER		DECID	111111111	1 /0000		
5. Was Deceased F	ver in U.S. Armed Force	2 11.6	DEC 1D	WILIMENI 17. INFORMANT	<u>A (COOP</u>	KR)	ADDRESS DEC 1
Yes, no ar unknown) (Il yes, give war ar dates	of service)	SECURITY NO.			BALTO	MD 0100
NO		2	18141202	ST.AGNES	HOSPIT	AL WILKEN	IS & CATON AT
18. 4	/ I		CAUSE OF DEAT	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	OR CONDITION DIREC	CTLY		16 1	MI	1. 0	01
	EADING TO DEATH I mean lhe made of d	vina oa	(A) IMMEDIATE CAU		Myccai		7 hour
heart failure, a	sthenia, etc. It means th	e disease,	DUE TO, OR AS	A CONSEQUENCE OF:	1 nga	excliou	
	lication which caused d	eath.)	0		11 /		5
Al	NTECEDENT CAUSES		(B) Coron	ans any	heriore	clerosis	í
	CONDITIONS, if an		DUE TO, OR AS	A CONSEQUENCE OF	:		
UNDERLYING	above cause (A) s CONDITION last	laling the	(c)				
			(0/			***************************************	***
OTHER SIGNIFIC	ANT CONDITIONS CONT	RIBUTING					
TO THE DEATH	BUT NOT RELATED TO THE NDITION GIVEN IN PART 1	TERMINAL	********************			~~~~	
19A. DATE OF	PERATION 198 CONDI	TION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Y		F YES, WERE FINDIN	GS CONSIDERED
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C	WAS PERFO	KWED		No	IN C	ERTIFYING CAUSES O	F DEATH?
OF CONTRIBUTE	WAS UNDERLYING	218. PL/	CE OF INJURY (e.g., in	or about 21 C. WHERE	DID	(If In Baltimare City,	give exact location)
DEATH (notily n	nedical examined	elc.)	om, lociory, sneet, or	ice blogs, INJUNI OC	COR		
	Month) (Day) (Year) (Hour) 21 E. IN.	JURY OCCURRED	21 F. HOW	DID INJURY OC	CUR?	
OF INJURY		While A	Not While				
		Work	LJ At Work				
	hat (1) (this hospital) (UNE 07	19 71	ta JUNE	07 19 71
that (1) (we) 1	ast saw the deceased	alive on	JUNE 07	1971	_and that in(m	y) (our) apinian d	eath accurred an the da
and how and	from the causes stated	abave. (1) (V	(e) (did) (dld nat) v	lew the bady after	death.		
234. SIGNATUR	1110					23 B. D	ATE SIGNED
Wille	HISILENT	stale	After Phys	nding Med.	r Shoff	1 6	/7/7/
23C. PHYSICIAN	3 sound	succe		3D. ADDRESS	rnys.	147	
NAME (Typ	DR. WESTPH	HALEN			HOSPIT	AL BALTO	MD 21229
4A. BURIAL CREM			DEGREE OF CRE				
REMOVAL (Sp	ecifyl		ol CEMETERY of CRE	MYTOKI	24D. LOCATION	N (City, fowr	n, or county) (Stote)
Burial	6-11-197		ar Hill			klyn	Md.
25A. DATE REC'D	אולים לייון	B. NAME OF R		25C. FUNERAL DI	RECTOR 320	77.20. Most	LELADDRESS
	TT WILL	Bert E. V	ausen 160	GANTAU	Ata 1	Hong?	
VS 150-REV. 1/1/68						0	The second secon

al Polylop P William & W. Alley Jorges of the Co. of the St. of the Co. 1

VS 150-REV. 1/1/6B



	71 554	16		BALTIMORE CITY		· V	G. NO. 71	5546	
u ch	BIRTH NO.	EACED		CERTIFICA		АІП			
	(Tunn n. 02.4) #	HITHER, W	ILLIAM			2. DATE AND HOUR	6,187	1 1 12 3	9 12 11
1		TIMORE, MARYLAND, V		UN CED DEAD	4. USUAL RESID	B. COUNTY	lived. If insti	lution: residence before	admission)
D.	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	CROWNS	VILLE STATE	- 1005,	nital.	520
11	NOITUTION	- MARYLIAND			C, CITY OR TOWN	-		CITY LIMITS?	×
	20	10017-10000	10-4	N	E. STREET AND	NUMBER		110	<u>a</u> ~
117	5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	UNKN 8. DATE OF BIRTH		vens	if Under 1 Yr. , If Ur	nder 24 Hrs.
	MALE	CAUC.	WIDOWED		MAY 9,	1905 birthdo	66	Months Doys Hours	
ì	OA, USUAL OCCI	JPATION (Give kind of war working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or lareign countryl		12. CITIZEN OF WHA	COUNTRY
	GROOM		RACE	TRACK	Unkn			U.S.A.	
	13. FATHER'S NA				14. MOTHER'S M				
	UNKN		ces?	1 6. SOCIAL	17. INFORMANT	Unka	OWN	ADDRESS	ROAL
ľ	(Yes, no or unknown)	Ever In U. S. Armed For liff yes, give war or dote	s of service)	SECURITY NO. 220 07 83		RONTEACE	6314		
ŀ	IB.	9.017		CAUSE OF DEAT		DONIFACE	OULT	APPROXIMATI	INTERVAL
ı		E OR CONDITION DI	RECTLY		</td <td>0. 0</td> <td>4</td> <td>BETWEEN ONSE</td> <td>I AND DEATH</td>	0. 0	4	BETWEEN ONSE	I AND DEATH
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	hearl foilure,	asthenia, etc. It meons plicotion which coused	the diseose,			A	•		
	ļ.	ANTECEDENT CAUSES		(B) Clin	m malu	or: oliolism		mont	les
	DISEASES C	OR CONDITIONS, if above cause (A)	ony, giving sloting	DUE TO, OR AS	A CONSEQUENCE	OF:		110	100000000
	UNDERLYING	CONDITION last.		(c)	nu acci	alio (5/hr	*************	Jears	
Ì	O OTHER SIGNIF	 CANT CONDITIONS CO	NTRIBUTING						
ŀ	▼ DISEASE OR C	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	I 1 (A).	******************	1004		***************************************		************
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L	U 21A. ACCIDEN	TING CAUSE OF	21B.	PLACE OF INJURY (e.g., i e, form, foctory, street, of	or obaut 21 C. WH	ERE DID (IF	In Boltimore C	lity, give exact location)
ı	O DEATH (notity	medical examined	elc.	-					
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ļ	100	that (1) (this hospital	Wo	k L Al Work		m 192/1		6 June	10 7/
		last saw the decease		6 Jen	- 1971			in death accurred a	
) (We) (did) (dld nat) v	lew the bady aft			avaon ou	
	23A SIGNATU		0 0				23	BE DATE SIGNED	
	23C. PHYSICIA	mes / + Quin	Kanta	DEGREE	nding Med Direction Mac Direct	d. Staff Phys. Phys.		6 June 71	
	NAME (T	In lames	10 601	IIII AND WA	TON MUDICESS				
	24A. BURIAL CREA	MATION, 24B. DATE	24C.N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City.	fown, or county)	(Stotel
	BURIAL	A ======	1 Le	RRAINE CEN	ENERY	1 4111	BALTO.	MARYLAN	'D
		JUN 11 1971	25B NAME O	P REGISTRAR	25 FUNERAL	Down		ADDRESS	
Ļ	/S 150-REV. 1/1/6		The state of	~ valuel N.D.	1 /4 1	LOWELL	EMMON	r 6500 Yo	RK K

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CHARLES PARTICIPANT

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Hours

APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH

(Stote)

USA

If Under 24 Hrs.

FUNERAL

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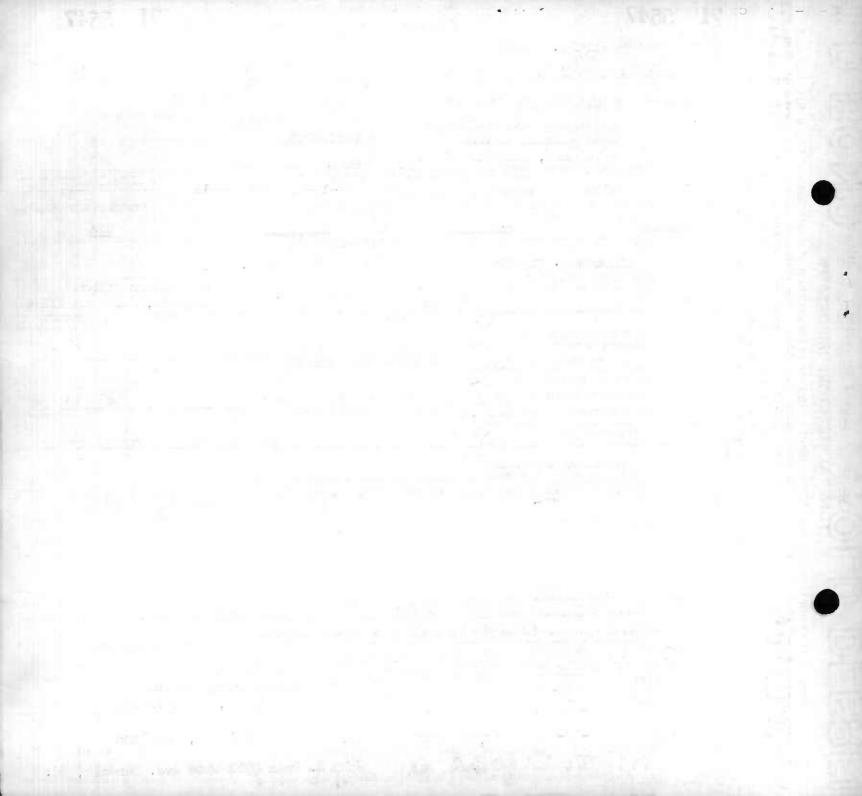
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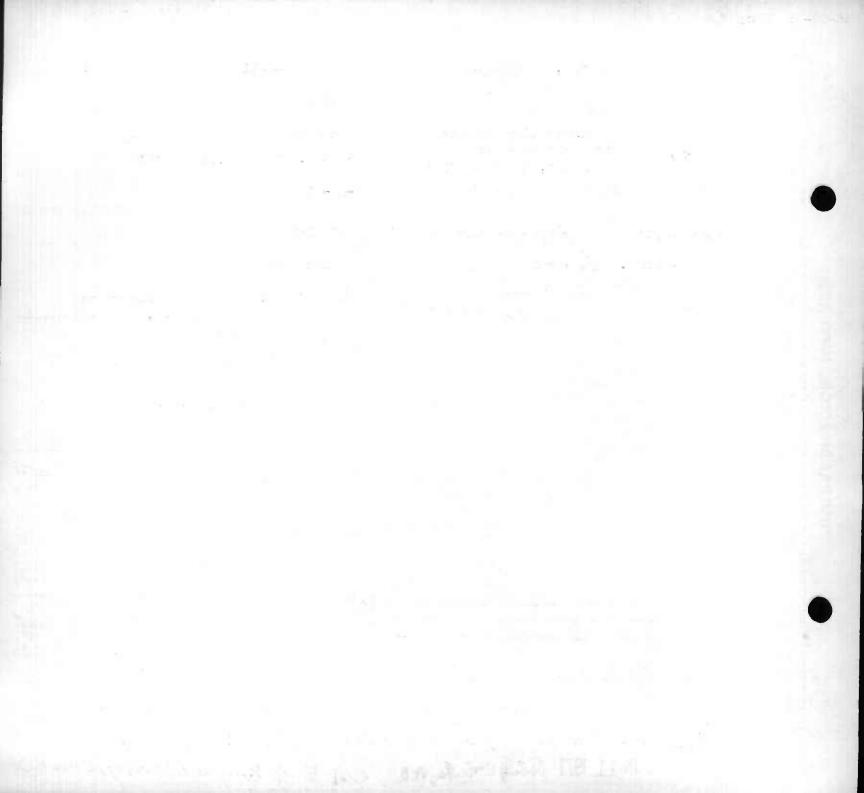
mad physician the remains

VS 150-REV. 1/1/68

CERTIFICATE OF DEATH BIRTH NO. I.NAME OF DECEASED Kurt L. Brewer 2. DATE AND HOUR OF DEATH (Type or Print) BREWER 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Baltimore Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS? Baltimore City Hospitals Baltimore YES 4940 Eastern Avenue E. STREET AND NUMBER Baltimore, Maryland 21224 862 Jaydee Avenue 5. SEX 9. AGE (In years lost birthdon) 5 8. DATE OF BIRTH MARRIED NEVER MARRIED If Under 1 Yr. Male White 10-12-55 DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Student Dependent Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Linwood R. Brewer Shirley M. Hudson 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give wor or dotes of service) 1 6-SDCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenue BCH RECORDS: No None Baltimore, Maryland 21224 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc., it means the disconinjury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, glying DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 19& CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. ANTOPST? (Yes of No) 208, IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or about 27 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) DEATH (notify medical examined obtained 21D. TIME (Month) (Doy) (Tear) (Hourt 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except Not While While At (APPROXI and At Work any 22. I certify that (i) (this hospital) attended the deceased from that (i) (we) lost saw the deceased olive on. ond that in (my) Your) opinion death occurred on the date hospital and hour and from the causes stoted obove (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [23C. PHTSICIAN'S prior 23 D. ADDRESS 4940 Eastern Avenue 40 NAME (Typel Baltimore, Maryland 21224 24A. BURIAL CREMATION, 24B. DATE eceased 24D. LOCATION (City, town, or county) D.0 6-10-71 Sacred Heart of Jesus Burial Baltimore, Maryland Was 25A. DATE REC'D ST HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Liber E. Falls John J. Duda 7922 Wise Ave. Dundalk. Md.

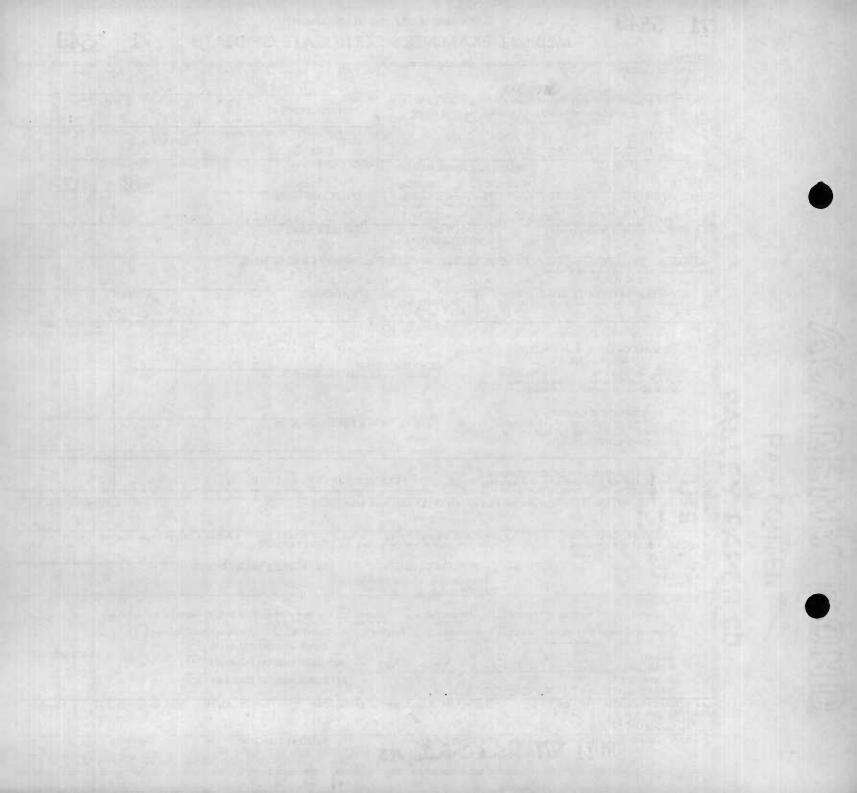




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AFDICAL EVALUATION CEDITICATE OF

BIRTH NO.		MEL	OICAL	EXA	MINER'S	CERTIFI	CATEO	F DEAT	H REG. NO.	1 5	543	
I. NAME OF DECEASED				2. DATE	Known 🗌	Month	Doy	Yeor	Hour			
(Type or Print) LUKE ALSTON				OF DEATH	Estimoted [3				M.		
4. PLACE IN	BALTIMORE, MA			NOUN	CED DEAD	3. DATE		Manth	Day	Year	Hour	141.
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRE	T IN HOSPIT	AL OR INSTIT	UTION,	GIVE STREET		ESIDENCE (Wh	June 8			8:10	144.
39 PR	OVIDENT	HOSPIT	AL			A. STATE	aryland		B. COUNTY	/	51	2
6. SEX	7. RACE		8. MARRIE	DON	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
Male	Neg	ro	WIDOWE	D 🗆	DIVORCED [Balt	imore		YE	s 🗷	NO 🗆	
9. DATE OF B				f Under	Yr. If Under 24 Hrs		AND NUMBER					
3/21	11932	last birthdo	"38"		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Park He	ights A	venue			
1. BIETHPLAC	E (State or foreig		12	2. CITIZ	EN OF	13. FATHER	'S NAME	1 1	1	,		
130 U	TO MI		1	MARA	COUNTRY?	N	ATNA	N 43/	STON			
4A.USUAL OC	CUPATION (Giv	e kind of work	148. KIND C	OF BUSI	HESS OR INDUST							
1,900	tof working life, ev	(X	040%	A (c	1/098	103	76/6/	HOM R	5			
6. WAS DECE	ASED EVER IN	U.S. ARMEI	FØRCES?	17.	SOCIAL SECURITY NO.	18. INFOR	MANT	/ 3	A A	DORESS		
アック	own) (If yes, give v	vor or dates	or service)	2-2	6-2487	405.	TERA!	STON 3	55 Sic 6	KHO1	9 417551	900
19.	000	- PA		<u>~ · · · · · · · · · · · · · · · · · · </u>	CAUSE OF DE	ATH					PROXIMATE IN	
PICE	ASS OR SOND	(TION DIDE	CTLV	1	Hypert	ensive	cardiova	scular /	dicasca	BEIW	EEN ONSET A	ND DEATH
DISE	EASE OR COND LEADING TO		CILY	1			cararova	scalar (1136036			
(This doe	s not mean the	mode of dy	ing, e.g.,		(A) IMMEDIATE	AS A CONSEC	UENCE OF:					
	lure, osthenia, etc camplication whi											
DISEASE	ANTECEDENT		CIVING		(B) DUE TO OF	AS A CONSE	OHENCE OF					
RISE TO	THE ABOVE CA	USE (A) STA	TING THE		001 10, 01	AJ A CONSE	QUENCE OF:			30 3		
Z	LYING CONDIT	ION LAST.			(c)							
2		11	THE TE									
OTHER S	IGNIFICANT CON DEATH BUT NOT	RELATED TO	ONTRIBUTING THE TERMIN	NG IAL	Intra	venous	narcotis	sm				
는 DISEASE	OR CONDITION	GIVEN IN P	ART 1 (A).									
CHIZOA. DATE	OF OPERATION	1 20B. COI	NDITION FO	OR WHI	CH OPERATION V	AS PERFORM	\ED			21. AUTO	PSY? (Yes	ır Na)
										1	yes	
	TERNAL CAUSE		22 be	B. PLAC	E OF INJURY (e.g., lactory, street, affi	, in ar obaut 2	2C. WHERE DI	O (If in Baltimor	e City, give exa	et location)		
□ UTING	CAUSE OF DEA		l'il		, , , , , , , , , , , , , , , , , , , ,	oraga erc.)	Occor	The state of				
OF INJURY		ay) (Yea	r) (Haur)		JURY OCCURRED		2F. HOW DID	INJURY OCC	JR?			
(APPROX.)			m	WHILE WORK		T WHILE WORK						
23.						-		4				
l c	ertify that I h	eld an 1	nquiry 🗌	Ins	pection A	utopsy X	and that or	this basis,	death in my	opinion		
res	sulted from: N	otural cau	ses X	Accid	ent Suici	de Ho	micide 🗌	Undetermin	ned manner			
		7	0.1	1.	1		CHIEF MEDICA	L EXAMINER				
ACTU		ed	1/1/2	w	-	ASSI	STANT MEDICA	LEXAMINER	₩ I		DATE SIGI	NED
	AINER'S	6-61	11100		M,	υ,	CIATE MEDICA			(6/9/71	
	E (Type) Ron	ald N.	Kornb	1um,	M.D.	Masc	CIATE MEDICA	LEAMMINER	_			
24A. BURIAL C	REMATION, 2	4B. DATE	1		AME of CEMETERY)RY 24	D. LOCATION	(City, tawn	, ar caunty)	(Sta	te)
REMOVAL (SI	pecity)	6/11	171	M	M Avo	URN		BACI	em s			
25 A. DATE REC	C'D BY HEALTH	DEPT	25P- NA	ME OF	REGISTRAR	1	FUNERAL DIRE			DDRESS		
LUM. DMIL KEY	JUN	1 197	122	38	Valley Mi		/ DINEKAL DIKE	101				K1
					1	Vian	Josel.	1-14-11	16 99 W	9.4.	401	1 7
VS 151-REV. 1/1	1/68			7	2 2 4 1	OA	-16	7)				-



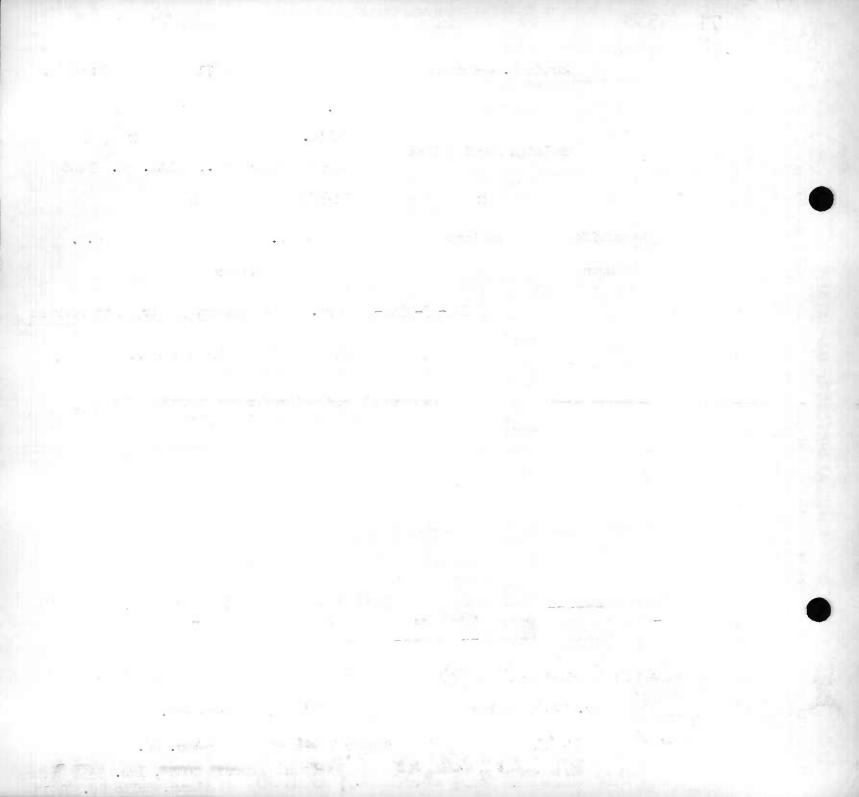
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71 5550	BALTIMORE CITY HEALTH DEPARTMENT
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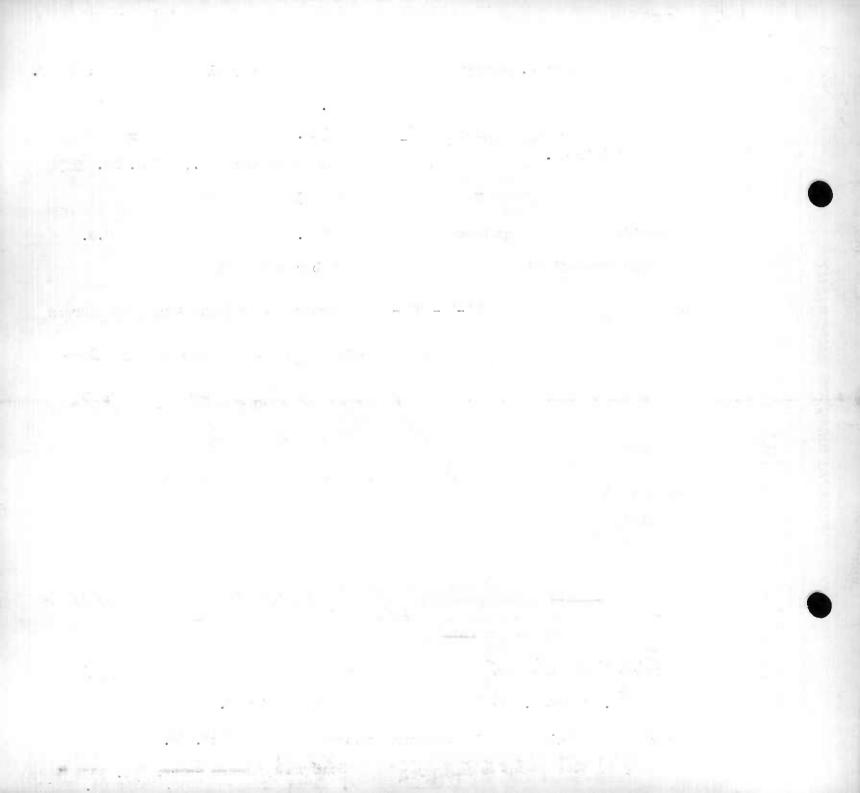
REG. NO	71	5550

ماريان الم			CERTIFICA	TE OF D	EATH	REG. NO	مال	3000
BIRTH NO. 1. NAME OF DECE	ASED					ID HOUR OF DEATH		
Type or Print)	Comme	da M. T	an alasah		2 DATE AN			2.50 5
3. PLACE IN BALTI	IMORE MARYLAND, W	TO M. O	aecksch	A USUAL RESI	DENCE I When	6/5/71	a titutions	residence before odmission
	The state of the s	IIERE FRONG	ONCED DEAD	A. STATE	B. COUN	TY	STITUTION:	residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Md.				1741
NOITUTITZMI	ADDRESS OF FOCA	(IION)		C. CITY OR TOV	M	D. INSI	DE CITY	LIMITS?
				Balto			YES X	No
41)	Ardl	eigh Nu	rsing Home	E. STREET AND				
10				4609	Luersse	n Ave., Bal	to. N	Id. 27 206
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years		der 1 Ys if Under 24 Hrs
F	W	WIDOWED		11/9/	86	9. AGE (In years lost birthday)	Months	Doys Hours Min.
OA. USUAL OCCUI	PATION (Give kind of work		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote or lose)	on country)	12 CH	TIZEN OF WHAT COUNTE
lone during most of w	orking life, even if retired!				(21010 01 10161	ga coonny,	12, 01	HIZEN OF WHA! COUNTS
	ousewife	at	home	Pe	enna.			U.S.
3. FATHER'S NAM	E			14. MOTHER'S		WE		
	unknown				מנו	known		
		ces?	11 6. SOCIAL	17. INFORMANT		and The		ADDRESS
res, no or unknown)	ver in U. S. Armed For If yes, give wor or dote	s ol servicet	SECURITY NO.					UNDER!
no			21.2-03-9352-		Marie	Burkart (dgl	atr)	same address
1B.	fresh l		CAUSE OF DEATI	1		, -8		APPROXIMATE INTERVAL
	OR CONDITION DI	ECTLY						BETWEEN ONSET AND DEAT
L	EADING TO DEATH		(ANIMMEDIATE CAU	Arteri	oscle	rotic card	lio-	10 vrs.
heart failure o	t mean the mode of stheria, etc. It means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE	of: vas	rotic card	0250	***************************************
injury or comp	licotion which caused	death.)				Of the last of the		
Al	NTECEDENT CAUSES		Larahr	al arta	ri ogo l	enosis wit	r la	The state of the s
DISEASES OF	CONDITIONS, if	anu aista	(B) OF AS	A CONSCOLLENC	TODUL	erosis wit) []	L yr.
rise la the	above cause [A]	stoling the	DOL 10, OR A3	A CONSEQUENC	e on sen	ite change	95	
UNDERLYING	CONDITION last.		(c)			*****		
	П							
OTHER SIGNIFIC	ANT CONDITIONS COL	ATRIBUTING						1
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT RELATED TO THE	E TERMINAL	***********************	******************				
19A-DATE OF	PERATION 198 CONI	DITION FOR Y	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No.	IN CERTIFYING CAL	INDING	S CONSIDERED
THE OF C	WAS PERF	OKWED		No)	IN CERTIFYING CAL	JSES OF	DEATH?
21A. ACCIDENT	WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21 C. W	HERE DID	(II in Baltimar	City, gl	ve exoct locotion)
DEATH (notify n	nedicol exomined	elc.	e, larm, factory, street, all	ice bldg., INJURY	OCCUR?			
5	Month) (Doy) (Year)	(Hau) 21 E.	INJURY OCCURRED					
S OF INJORI					ונאו פוט אי	URY OCCUR?		
(APPROX)		Wo	ile At Not While					
22. I certify ti	hat (I) (this hospital)	attended t	he deceased from ADI	cil 12.	1	9 71 to Juli	0 5	19.77
	ast saw the decease		Tanan F	19.71				oth accurred an the da
						at in (my) (out) obii	HON GE	orn accurred on the da
		ea abave, (I) (We) (did) (did-net) v	ew the bady at	ter death.			
23A. SIGNATURI	100	1	2- 0	dia —		c. #	23B, DA	TE SIGNED
delp	ud C. Aa	Alpr	DEGREE Phys	iding M. Mi	rector	Staff Phys.	June	7, 1971
23C. PHYSICIAN NAME (Typ		11 >		3D. ADDRESS		The second		17 m/ (atta
NAME HIP		V		-	200 0			
4A. BURIAL CREAT	Dr. Lloy	yd Sayl	OT DEGREE	39	02 Gre	enmount Ave		
REMOVAL (Sp.	ATION, 248. DATE ecily)	24C.N/	TIME OF CEMETERY OF CRE	MATORT	24 D. LC	CATION (Cit	y, lown,	or county) (Stote)
burial	6/8/7	1	Holy Rede	emer Ceme	terv	Balto.	Md.	
SA. DATE REC'D B	Y HEALTH DEPT	PAME S	REDISTAR	25C. FUNERA	L DIRECTOR			ADDRESS
J	UN 11 19/1	المهوب	Adribed VED	Schin	nunek Fr	uneral Homes	s. In	c. 3331 Brehm

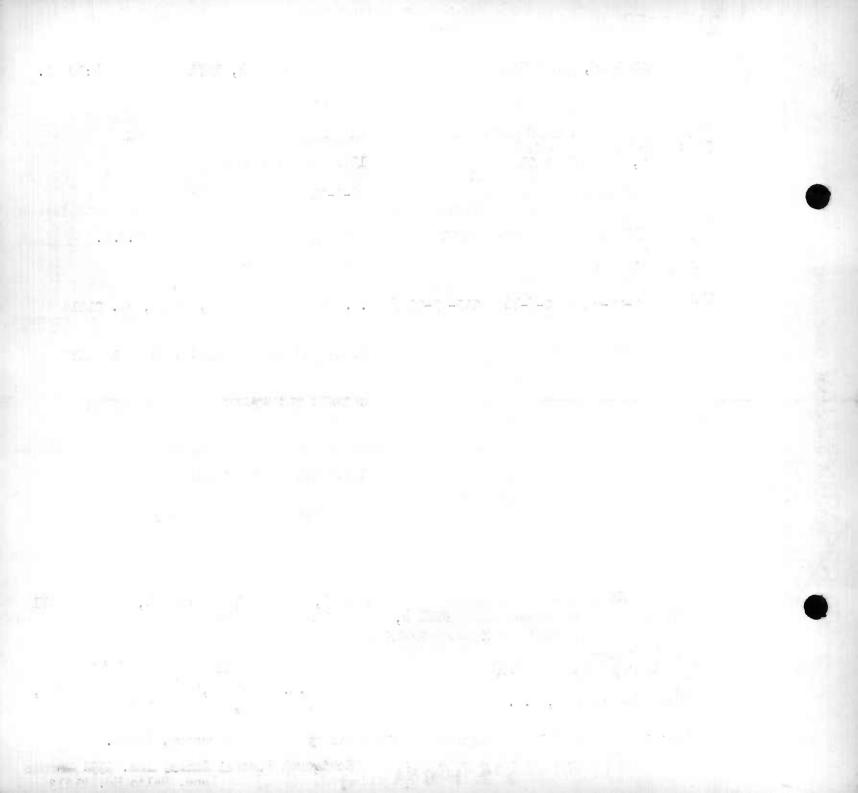


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	TH NO.
	NAME OF DECEA pe or Print)
3.	PLACE IN BALTIA
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10A	LUSUAL OCCUP
don	during most of wo housewi
13.	FATHER'S NAME
15.	Joh
(Yes	s, na or unknown) (I
	18.
	DISEASE
	(This does not heart failure, as injury or campli
	AN
	DISEASES OR
	UNDERLYING
HON	OTHER SIGNIFICATION THE DEATH
FICA	DISEASE OR CON
CERT	21 A. A CCIDENT
CAL	OR CONTRIBUTE DEATH (notify m
WEDI	21D.TIME (A
	(APPROX.) 22. I certify th
	22. I certify th that (I) (44) Io
	and hour and f
	23A. SIGNATURE
	23C. PHYSICIAN'S
24 A	BUDIAL CREAM
1	burial
254	DATE REC'D A
VS	150-REV. 1/1/68
	WEDICAL CERTIFICATION 13. 12. 10. 10. 11. 12. 12. 12. 12

7.4		TAR.		BALTIMORE CITY	HEALTH DEPARTME	NT /	DA PREA			
911	555	1		CERTIFICA	TE OF DEAT	H REG. NO.	71 5551			
1.1	RTH NO. NAME OF DEC	EASED				TE AND HOUR OF DEA	TH			
(Ту	rpe or Print)		Anna J.	Stonev		6/3/77	6:10 P. M.			
3.	PLACE IN BAL			ONO UNCED DEAD	A. USUAL RESIDENCE	(Where deceased lived.	If institution: residence belora admission)			
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN ADDRESS O	HOSPITAL OR I	NSTITUTION, GIVE STREET	Md.	Balto,	NSIDE CITY LIMITS?			
3	90			Nursing Home-	Balto.	BER	YES NO			
_		Belair	Rd.		7420 Bro	okwood Ave.,	Balto. Md. 21234			
5.	SEX	6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	F	W		WED DIVORCED	5/6/83	88				
t0/ dar	A. USUAL OCCU	JPATION (Give kind working life, even if	of work 108, KIN retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	house			at home	Balto.		U .S.			
13.	FATHER'S NA	ME			14. MOTHER'S MAIDE	N NAME				
	Jo	ohn Summer	rfield		Barbara	Jarousek				
15. (Ye	Was Deceased s,na arunknown)	Ever in U. S. Am	ned Farces? as dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	00			215-30-5270-0		Gerns (daught	ter) same address			
	DISEAS	OR CONDITION	ON DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		LEADING TO D	EATH	(A)IMMEDIATE CAU	SE O making	Shi Bullen 4	desulit 3 mo.			
	heort failure.	ot meon the mo	meons the dis	e.g., DUETO OP AS	A CONSEQUENCE OF:					
	injury of cam	plicotion which	coused death.)	/)	0.7				
		ANTECEDENT C.	AUSES	(8)	chipin of	Nanoprotino	min > 2 sous.			
		DISEASES OR CONDITIONS, if ony, giving Due To, OR AS A CONSEQUENCE OF:								
		DERLYING CONDITION lost. (C) Ann. Chromic Rusin Synton.								
		- 11				1				
ATION	TO THE DEAT	ICANT CONDITION H BUT NOT RELATE ONDITION GIVEN	D TO THE TERMI	ING MAL	Jours + bloss	. Day Ble	Š.			
CERTIFICATION	19A-DATE OF	OPERATION 191	AS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
MEDICAL CE	OR CONTRIBU	IT WAS UNDERLY ITING CAUSE C medical examined)F	218 PLACE OF INJURY (e.g., inhome, farm, foclory, street, of elc.)	or about 21 C. WHERE I	OID (If In Bolting)	mare City, give exact location)			
ED	21D. TIME OF INJURY	(Month) (Day)	(Year) (Hour)	21 & INJURY OCCURRED		D INJURY OCCUR?				
2	(APPROX.)			While At Work Not While At Work	° 🗆 📗	,	, ,			
	22. I certify									
	that (1) (448)	22. I certify that (I) (this hospital) attended the deceased fram //30/19/0 to 6/3/19/1 that (I) (Wa) lost saw the deceased clive on 6/2/19/1 ond that [in(my) (cor) opinion death occurred on the date								
			s stoted aba	ve. (1) (Ve) (did) (did nat) v	lew the body after de	eath.				
	23A. SIGNATU	160 1	Buss		nding Med.	Stoff Phys.	23B, DATE SIGNED			
	23C. PHYSICIA NAME (T)	N'S ype)	R CZ	DEGREE	23D. ADDRESS	- Inya -				
		Dr. All	bert B.	Bradley DEGREE	4900 Be	lair Rd.				
24/	REMOVAL (S	MATION, 248. Da	ATE 2	C.NAME of CEMETERY OF CRE	MATORY 2	4D. LOCATION	(City, town, or county) (State)			
	buria		7,71	Holy Redeemer (Cemetery	Balto. M	id.			
25	A. DATE REC'D		258 NA	ME OF REGISTRAR	25C. FUNERAL DIR		ADDRESS			
Ve	150-REV. 1/1/6	11 6	11 Mage	A & Jaber M.D.	3 South mark	r runeral Hon	nes, Inc. 3331 Brehms			
4.9	TOUTHE TO IVIVE	•		7	-945	1	,			

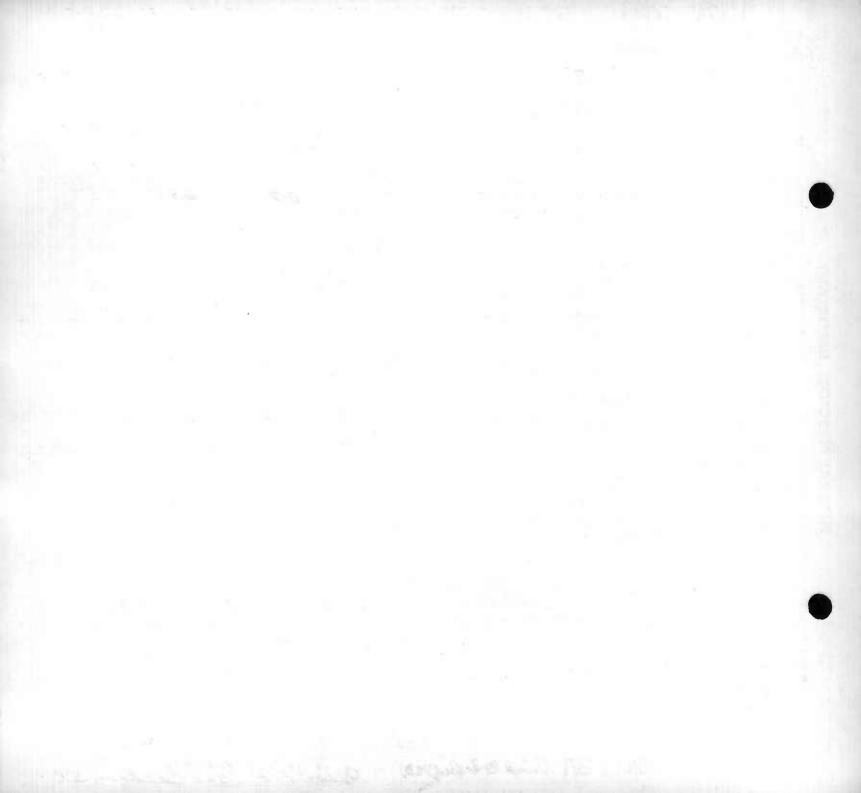


BA	LTIMORE CITY	HEALTH DEPARTMEN	T V	v.4			
71 5552 CE	ERTIFICA	TE OF DEATI	H REG. NO.	$\frac{1}{5}$	552		
1. NAME OF DECEASED		2. DAT	E AND HOUR OF DEATH				
MALASHUK, ALEXANDER		.TT.	NE 4. 1971	1	110	R	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	EAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: resid	dence before	admission!	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI	VE STREET	MARYLAND 3	2/10/		53	00	
INSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMI			
VETERANS ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BOULEVARD		BALTIMORE YES X NO					
BALTIMORE, MARYLAND 21218	l l	1306 WALKER					
		B. DATE OF BIRTH					
MALE CAUCASIAN WIDOWED C	DIVORCED	6-3-11	9. AGE (In years last birthday)	If Under 1 Manths: D	Yr. If Und	er 24 Hrs. Min.	
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY	11. BIRTHPLA CE (State of	fareign countryl	12. CITIZEN	OF WHAT	COUNTRY?	
PHOTOGRAPHER PHOTOGRAPHY	-	RUSSIA		II C	A		
13. FATHER'S NAME		4. MOTHER'S MAIDEN	NAME	U.S.	A.		
JOHN MALASHUK		MARIE PETR					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dales of service) YED 2 1.6 SOCIA	AL RITY NO.	7. INFORMANT		A	DDRESS		
YES 2-22-44 TO 2-5-46 213-0		A. HOSPITAL	RECORDS, BALL	MD.	21218		
18. / / / CAI	USE OF DEATH				APPROXIMATE I		
DISEASE OR CONDITION DIRECTLY				138	WEEN ONSET	NO DEATH	
LEADING TO DEATH	IMMEDIATE CAUS	CIRRHOSIS WI	TH HEPATIC CON	A 1	O DAYS		
		CONSEQUENCE OF:	************************				
injury at camplication which caused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, it any, giving	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CO						
tive to the above couse (A) stating the							
UNDERCTING CONDITION last. (C)			****************				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1985. CONDITION FOR WHICH OP WAS PERFORMED		CARCINOMA OF	THE COLON				
UISEASE OR CONDITION GIVEN IN PART 1 (A).					************		
WAS PERFORMED	EKATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CAL	INDINGS COURSES OF DEA	ATH?		
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF	P 44111104/- *-	yes	ує				
	ictory, street, affic	or obout 21C. WHERE DI ce bldg., INJURY OCCU!	D (If In Bolilmore) City, give e	xact locotion)		
OF INJURY (Month) (Day) (Year) (Haus) 21E INJURY O	CCURRED	21F. HOW DID	INJURY OCCUR?				
(APPROX)	Not While At Work						
22. I certify that (4) (this hospital) attended the deceas		TUNE 2	73 HDE	2 1			
the YW () less and the transit of the deceas	rivite 1.	JUNE 3	19_71taJUNF	ــــــــــــــــــــــــــــــــــــــ	19	71	
that XX (we) last saw the deceased alive an	UNE II	1919and	that in (any) (our) apir	ilan death (accurred on	the date	
and have and from the causes stated above. 🐧 (We) (di	d) (MODERATE vie	w the bady after dea	th.				
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Director Phys. Director							
FREDERICK PEARSON, M.D.		V 845.0	MORE, MARYLAND		DAVABLE DA	∨⊔,	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE. REMOVAL (Specify)	METERY OF CREM			y, town, or co	ounty)	(Stote)	
burial 6/7/71 Gettysbu	rg Nat'l	Cemetery	Gettysburg,	Penna	•		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR.	AR	25C. FUNERAL DIREC	TOR		ADDRESS		
JUN 11 1971 Jaby & Jab	GO AC D	Schimunek	Funeral Homes,				
VS 150-REV, 1/1/68			1 Lene, I				

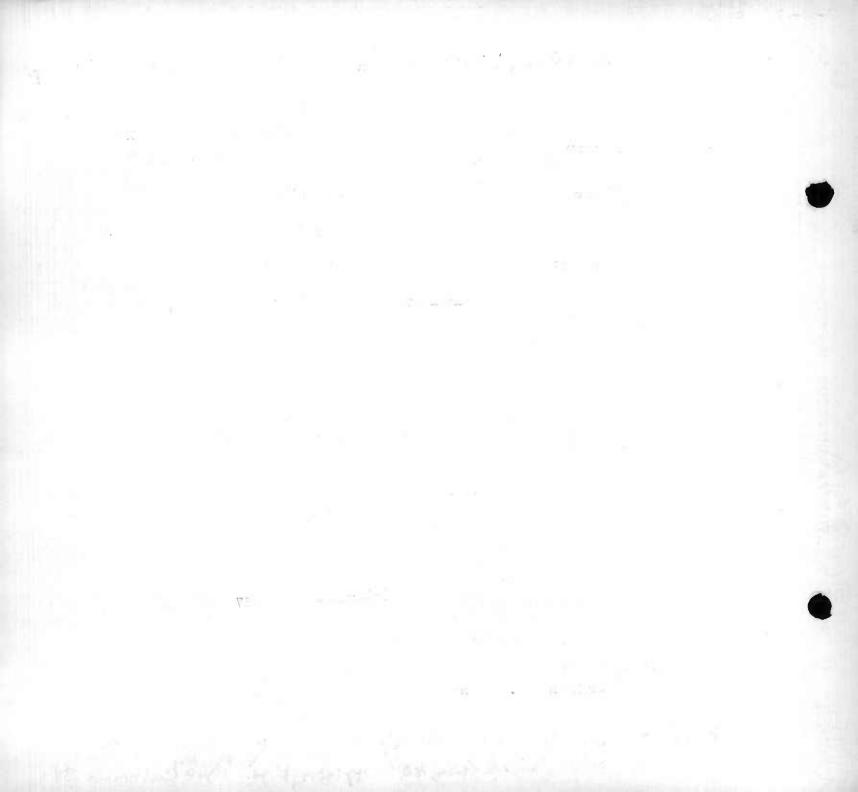


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

71 555	53		BALTIMORE CITY	HEALTH DEPARTMENT	4-	4 =====
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	1 5553
I. NAME OF DECE	ASED					
(Type or Print)		HOLLA		1	AND HOUR OF DEATH UNE 9/7	
3. PLACE IN BALT	IMORE, MARYLAND, V			I A GO	ONT	stilution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
CHURE	H HOM	EY	HOSPITAL	E. STREET AND NUMBER		YES NO
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	2/2/7 If Under 1 Ye , Il Under 24 Hrs. Manths! Doys Hours Min.
M	Black	WIDOWED		3/12/07	last birthdoyl 63	Months Doys Hours Min.
done during most of w	PATION (Give kind of world orking life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Id	,	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E				yland	Ces.
		DUCK	P	14. MOTHER'S MAIDEN N	AME	
5. Was Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL	KATIG 17. INFORMANT		
(Yes, no or unknown)	If yes, give war or dote	s of service)	SECURITY NO.		uen 81	ADDRESS
18.	7 .		49 05 5627		8/	- 1
180.00	OR CONDITION DI	NF CON W	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L	EADING TO DEATH	RECILI		mass. 5	8.0	
(This does not	mean the made at	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	Jucure	Thaip
injury or camp	sthenia, etc. It means lication which caused	the disease,	, , , , , , , , ,	No CA	& metastar	5.7
	NTECEDENT CAUSES		Tul	nonery Ca	Gan D	
	CONDITIONS, if	nev eivie	/B\	A CONSEQUENCE OF	imphyse	ma undefen
nse to the	above cause (A)	stating the	N/a	160	unou cell	/ / //
UNDERLTING	CONDITION last.		(c) A YC	TV,	******************	***************************************
Z OTHER SIGNIER	II ANT CONDITIONS CON	ITDIDITI'S CO.				
E ITO THE DEATH	BUT NOT RELATED TO TH	E TERMINAL				
19A. DATE OF C	PERATION SIVEN IN PART PERATION 198 CONI WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or I	10) 208 IF YES WERE FI	NDINGS CONSIDERED SES OP DEATH?
U 21A. ACCIDENT	WAS UNDERLYING NO CAUSE OF	218	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		City, give exect focotion)
O DEATH (notify m	redicol exomined	hom etc.	ie, larm, factory, street, off	ce bldg. INJURY OCCUR?	h in politicie	City, dive exect tocollous
OF INJURY	Month) (Doyl (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Wh	tte Al Not White			
22. I certify th	at (I) (this hospital)				10 7/ 4	1010 - 71
that (I) (we) la	st sow the decease	d olive on	6/0	/	hat in (my) four you ni	Ian death occurred on the date
-) (We) (did) (did not) vi	ew the bady after death	intinat your optim	denin occurred on the dote
23A. SIGNATURE	0		b T	sacy dilet death.		23B, DATE SIGNED
Mistin	S without	11000		ding Med.	Staff Phys.	STATE STATES
23C. PHYSICIAN NAME (Type		77000	DEGREE Phys.	BD. ADDRESS	Phys. L44	
NAME (Type	2)					
4A. BURIAL CREMA	ATION, 248. DATE	24C. N/	DEGREE OF CREATERY OF CREATERY	MATORY 124D	LOCATION (City,	town, or county! (State)
ZEMOVAL (Spe	6-9-1		new Cathe	00	Bana (City)	town, or county! (Stote)
25A. DATE REC'D BY	HEALTH DEPT.	25B. NAME C		25C. FUNERAL DIRECTO	racto.	I'M.
JU	N 11 1971	LBest E		TO DE LEVE	U. Bailey	ADDRESS
S 150-REV. 1/1/68		7 7		Meldonifix	7. 1548 C	elhow It.



VS 150-REV. 1/1/68



71 5555

MAEDICAL	EV A MAINIED'C	CERTIFICATE	OF DEATH
MEDICAL	EVWIMINER 9	CERTIFICATE	OF DEATH.

7	1 55	55	MED	ICA	EXAMINER'S			DEAT	H REG. NO.	11 3	5555
	RTH NO.					2. DATE					
1. (Ty	(Type or Print) Frank C. Benton , Sr.						Known XX	Month 6	6	71	4:35 p M.
4.	PLACE IN BAL				RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HC	LL NAME OF OSPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	STITUTION, GIVE STREET		UNCED DEAD	June	6	71	4:35 p. M.
1	00	3911 (Greenmo	ount	Avenue	A. STATE	ESIDENCE (When	e deceosed I	B. COUNTY	: residence t	Setate odmission)
6.	SEX	7. RACE		8. MARI	RIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	
	male	Whit			WED DIVORCED	Balt	.0.		VE	skx	NO 🗆
	DATE OF BIRTI	H	10. AGE (In	yeors	If Under 1 Yr. If Under 24 Hrs Months; Doys, Hours, Min		AND NUMBER		1 11	3 42	NO 🗀
2	20/107		-GA	611	Monnes Doys 11.0013 Min	391	1 Greenmo	unt Av	renue		
11.	BIRTHPLACE (S	itate or foreig	in country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER					19,3-11
	anyland		1. 1. 4. 1	1 / 0 4/10 1	43/1	200	- Benton				
dor	Sexton	PATION (Giv vorking life, ev			o of business or industr sed Sacrametr	(hurch	R'S MAIDEN NA.	ME			
16.	WAS DECEAS					18. INFOR	MANT		AC	DRESS	Ave.
(1 e	s, no or unknown)	(It yes, give v	vor or dotes	ot service	219-07-2428	Mrs.	Charles	F. Be	enton, Sn	397	1 Greenmous
	19.412	41			CAUSE OF DE		<u></u>		20079070	AP	PROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	CTLY	Arte	rioscle	rotic car	diovas	cular di	sease	
		LEADING TO			(A)IMMEDIATE	CAUSE					
Ш	(This does n	ot meon the	mode of dyi	ing, e.g.,		AS A CONSEC	UENCE OF:				100000000000000000000000000000000000000
		nplication which									
	DISEASES (OR CONDITION ABOVE CA	ONS, IF ANY	, GIVING	(B)	R AS A CONSE	QUENCE OF:				
2	UNDERLYIN	NG CONDITI	ON LAST.		(C)						
은		41	II								
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	MINAL						
RT	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR WHICH OPERATION V	VAS PERFOR	MED			21. AUTO	PSY? (Yes or No)
Ü	21										yes
EDICAL	UNDERLYING		TRIB-		22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	., in or obout ice bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimo	ore Ctty, give exo	ct locotion)	G B Tree
M	UTING L CA		Ooy) (Yeor) (Hou	1) 22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?		
	OF INJURY (APPROX.)		(100)	, (WHILE AT NO	T WHILE WORK					
	23.				¬						
E		ify that I h	1	-6	/	utopsy XX	ond that on t	his bosis,	deoth in my	opinion ¬	
	result	red from: N	oturo cou	ses XX	Accident Suici	de 📙 H	omicide 🔲	Undetermi	ined monner		
ь	ACTUAL	5	×1,	11.	DAMe.		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNATI	URE	ty	K	N MIT M.	D. ASS	STANT MEDICAL	EXAMINER			
	EXAMIN NAME (1	er's Pet	ter Hip	kovi	c, M.D.	ASS	OCIATE MEDICAL	EXAMINER	XX	Jı	une 7, 1971
	A. BURIAL CRE	MATION, 2	4B. DATE		24C. NAME of CEMETER	or CREMATO	DRY 24D.	LOCATION	(City, town	, or county) (Stote)
L	Burial (Speci		6/9/1	71	Dulaney Val	Ley Mem	orial Gar	idens	, Balti	more.	Maryland
25	A. DATE REC'D	JUN 1	1 1971	258.	NAME OF REGISTRAR	25C.	n. A. Mano	or in Inc	3000	DDRESS'	ltimore t
VS	151-REV. 1/1/68	3		4	0 7 1 6	0		5	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1)	econone I

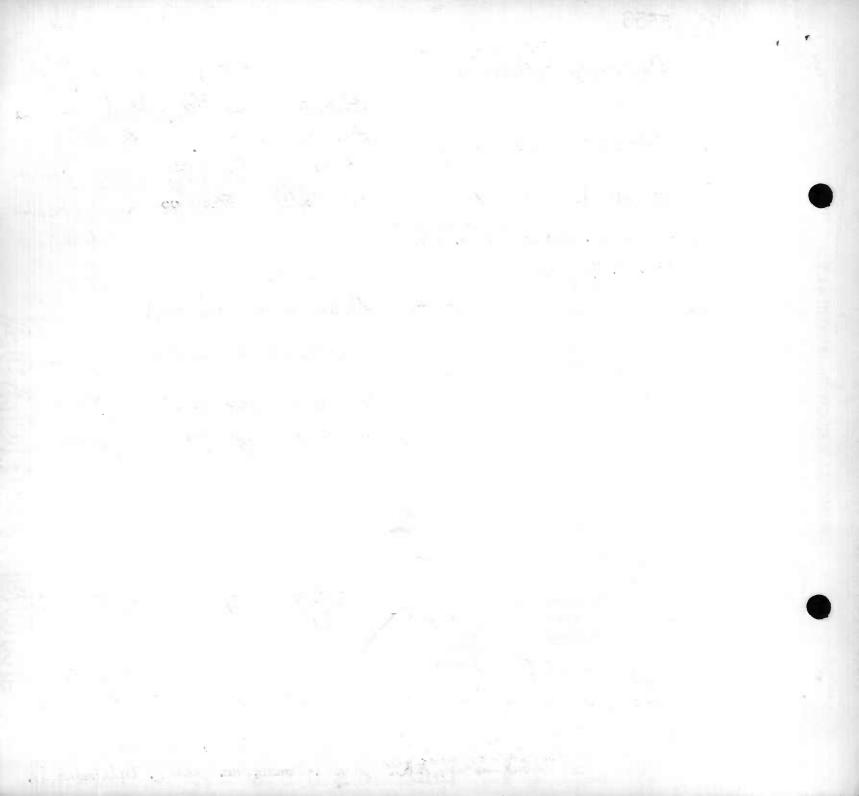
Seites , significant of the service service service to the service of the service

VS 150-REV. 1/1/68

	- FEC	BALTIMORE CITY	HEALTH DEPARTMENT		
	71 5 556	1	TE OF DEATH	REG. NO.	1 5556
	NAME OF DECEASED Adela		1	ND HOUR OF DEATH	140
3	B. PLACE IN BALTIMORE, MARKLAND, WHERE PRO	ONOUNCED DEAD	16 JUN	e 5 17	P. M. ilution: residence before admission!
	FULL NAME OF (IF NOT IN HOSPITAL OR IN		Baltino	re Mary	Sand 401
, I	NSTITUTION	1/	C. CITY OR TOWN		E CITY LIMITS?
1	Bolton Hill No	Irsing Home	E. STREET AND NUMBER	0	YES 🔀 NO 🗌
		U	406 Pai	-KAve.	
5.		RIED NEVER MARRIED	8. DATE OF BIRTH 76	9. AGE (In years 94	if Under 1 Yr. If Under 24 Hrs. Months! Doys Hours: Min.
10	emale white WIDON DA USUAL OCCUPATION (Give kind of work 108, KIN)	WED DIVORCED	1015/18	ANN OF	
04	By during most of working life, even if relifed)	altimore (ity	44	ign country!	12. CITIZEN OF WHAT COUNTRY
13	Supervisor Bur Gardens	Dept Parks	Maryland		USA
	James M. Hampton	,	14. MOTHER'S MAIDEN NA	WE	
15	Was Deceased Ever in H & Arred Ferrer?	1 6. SOCIAL	Ann Bishe	pp	ADDRESS
CT	as, no or unknown] [if yes, give wor or doles of servi	SECURITY NO. 219-30-9832	11.	P	V V V V V V V V V V V V V V V V V V V
1	/\o\ [18.	CAUSE OF DEATH	Hamission	- /lecor	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying,	(A) IMMEDIATE CAU		la Cent a	way deep
	heart failure, asthenio, etc. Il means the dise injury ar complication which caused death.)	ase, DUE TO, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		15	= 0.1	me
	DISEASES OR CONDITIONS, if any, giv	ving DUE TO, OR AS	A CONSEQUENCE OF:	zeredzes	- John
	rise la the abave cause (A) stating UNDERLYING CONDITION last.	The (c) CRO	in Craw	modacese	alleh
,				7	
Į į	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMING	NG IAL			
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	20A. AUTOPSY? (Yes or No	208. IF YES. WERE FIN	DINGS CONSIDERED
ERTI	WAS PERFORMED			208. IF YES, WERE FIN	ES OF DEATH?
CAL C	OR CONTRIBUTING CAUSE OF	21B.PLACE OF INJURY (e.g., in home, farm, factory, street, affi etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(if in Boltimore C	City, give exact location)
	21D-TIME (Month) (Doy) (Year (Haut)	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
8	(APPROX)	While At Not While Wark At Work			
1	22. I certify that (i) (this hospital) attende	od the deceased from	3/29 1	9_7/_to	6/5 197/
	that (i) (we) last sow the deceased alive of		19		on death accurred on the date
	and have and from the causes stated above	» (i) (We) (did) (did not) vi	ew the bady after death.		
	23A, SIGNATURE	Atten	ding Med.	Staff [7]	B. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.		Phys.	6/7/7/
	NAME (Type)	ACITY MS	Y E Read	SF BO	tal
24	A. BURIAL CREMATION, 248, DATE 240	DEGREE C.NAME of CEMETERY OF CREA	MATORY 24D, LO	CATION (City,	lown, or countyl (Stole)
	Burial 6/9/171 A	Vew Cathedral C.	amatanu B-1		1-1

John Age Monan

Baltimore St.



dnd death Deceased

to death.

was D.O.A.

ca,	VIII.	5557.			Y HEALTH DEPARTMENT	REG. NO	71 5557
	1,	RTH NO. NAME OF DECEASED			4 10 0 475	AND HOUR OF DEATH	
	(1)	PLACE IN BALTIMORE, MAR	IPLRY	. ISARBA	RAA	6-7-71	8 A
	3.	PLACE IN BALTIMORE, MAR	YLAND, WHERE PR	MOUNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence before admission)
	FL	JLL NAME OF (IF NOT OSPITAL OR ADDRESS	IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland	/N II	2610
	II IN	STITUTION Balt	imore City	Hospitals	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
			Eastern A	4	Baltimore E. STREET AND NUMBER		YESXXXX NO
ė	-			yland 21224	3223 Leverto	on Avenue	21224
mad	5.	SEX 6. RACE		RIED NEVER MARRIED	8. DATE OF BIRTH		
is m		FW	WIDON	WED DIVORCED X	11-11-19	9. AGE (in years last bistinday)	If Under 1 %. If Under 24 Hrs. Months! Days Hours Min.
	do	LUSUAL OCCUPATION (Give	kind of work 10B, KIN	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
=	1	Housewife			Maryland		USA
051	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
disposition		Joseph	Kiker		Elizabeth		
	15. (Ye	Was Deceased Ever in U.S., s. no or unknown) (If yes, give v	Armed Forces? war ar dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Easter	n Avenue
final	1	No		Land In Control	BCH RECORDS:		Maryland 21224
or		18. 7/11		CAUSE OF DEAT	TH THE		APPROXIMATE INTERVAL
pe	1	DISEASE OR CONDI				•	BETWEEN ONSET AND DEATH
H		LEADING TO		(A)IMMEDIATE CA	USE CARDIORCES	PIRATORY	5 mins
palr		lThis does not mean the heart failure, asthenia, etc. injury ar complication whic	It means the dise	20.	A CONSEQUENCE OF:	ARREST	
E		ANTECEDENT		.4.404			134 134
0				(B) /V(#>5((JE ASCITES V	HOUNSHUR	COT. SMONERS
gre		DISEASES OR CONDITION	use (A) slaling	the	\ \		10
S L		UNDERLYING CONDITION	l last.	(c) CIRRI	10313 OF (LURNI	18 MENTHS
0	-	4,500-00-0					
9	2	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT REL	IONS CONTRIBUTION	NG			1
0	8	DISEASE OR CONDITION GIV	EN IN PART 1 (A).	***************************************			
before the remains	ERTIFIC/		WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
eto	CALC	21A. ACCIDENT WAS UNDE OR CONTRIBUTINO CAUS DEATH (notify medical example	RLYINO D	21B PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID INJURY OCCUR?	(if In Baltimore	e City, give exoct location)
0		10.20					
ptained	MEC	21D. TIME (Month) (Do)	y) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
5	1	(APPROX)		While At At Work	° 🗆 📗		/ /
0		22. I certify that (1) (this	hospital) attende	d the deceased fram	6/6/71	19.77 to 4	5/7/ 1971
pe		that (I) (we) last saw the	deceased alive	on 6-7	19_7/_ and t	hat in (my) (our) waln	nlan death accurred on the date
				4 (1) (14a) (did) (did nor)			and it accouled on the Gale
1US+		23A. SIGNATURE	121		The sady unter deding)	23B, DATE SIGNED
2		Kserth	101		nding Med.	Shelf	6/2/71
oval		23C. PHYSI CIAN'S NAME (Type)		DEGREE Phy	22D ADDRESS	Phys. L.	-///
9 1	9	I WATE LIAbet		I	4940	Dasternaveni	10

25A. DATE REC'D BY

Baltimore,

4940 EasternAvenue

ADDRESS

John A. Monan Inc.

Baltimore, Maryland 21224

VS 150-REV. 1/1/68

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Burial

6/9

Joseph Roll, M.D.

24C. NAME of CEMETERY OF CREMATORY

emetery

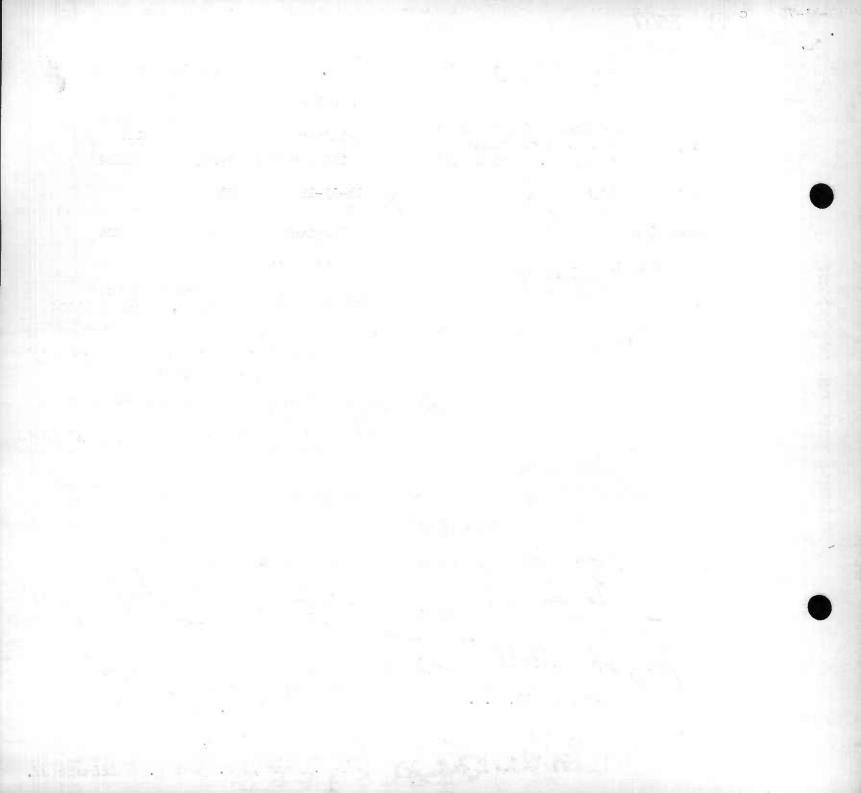
24D. LOCATION

Maryland

(City, town, or county)

Baltimore st.

(Statel

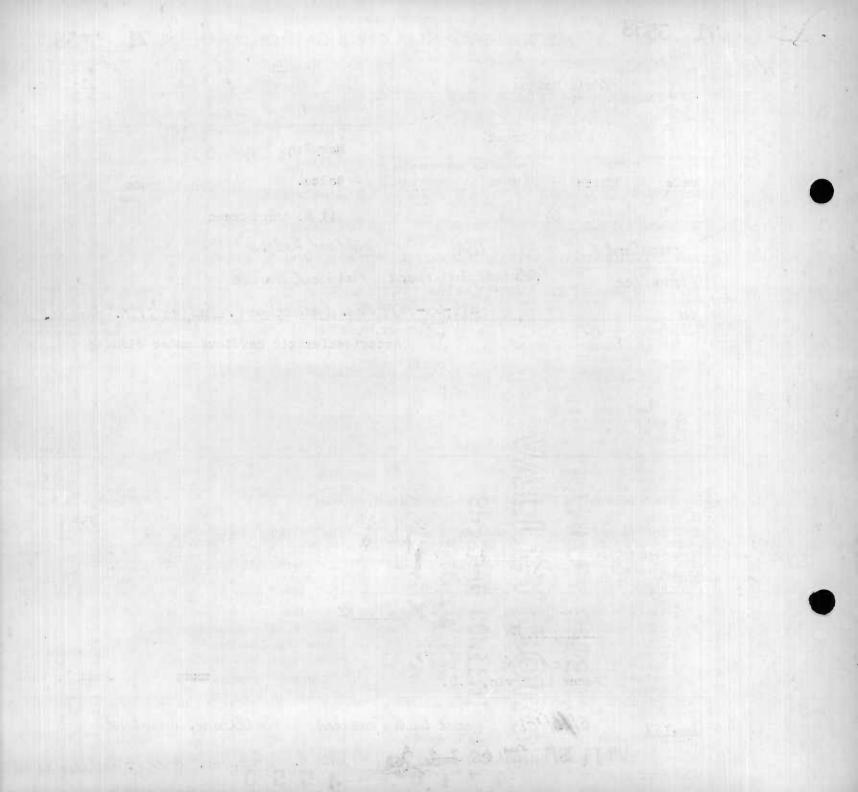


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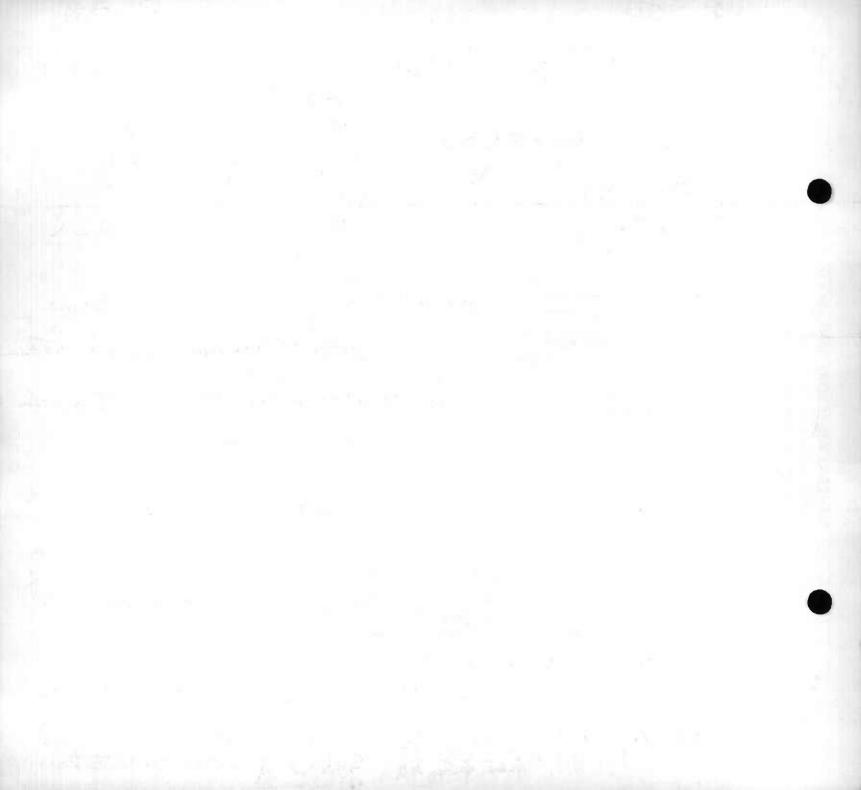
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

71	5550
REG. NO.	11,100

BIF	RTH NO.									REG. NO	, F teller	000	
1.	NAME OF DEC	CEASED					2. DATE	KnownXX	Month	Doy	Yeor	Hour	
(IAI	pe or Print)	Edv	win Ho	lees			OF DEATH	Estimoted	6	6	71	11:20	a.u
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, V	VHERE P	RONOUN	CED DEAD	3. DATE		Month	Doy	Yeor	Hour	TO BIVI.
FUI	L NAME OF					GIVE STREET	PRONOU	NCED DEAD				11.0	0
	SPITAL	ADDRE	ESS OR LOCA	(NOIT			- 1101101 00	CALDED AND	6	6	71	11:20	U a _{M.}
	1/)	11 h	N. Ann	Stre	et		A. STATE	SIDENCE (Where		B. COUNTY	on: residence	belore odmiss	sion)
(10							cyland		D. COOITI		609	
6.	SEX	7. RACE		8. MARI	RIEDXX	IEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	CITY LIMITS?		
	male	Whit	+0	WIDOV		DIVORCED	Ba	Lto.			YESOX	No 🗆	
9. 1	DATE OF BIRT		10. AGE (I			1 Yr. If Under 24 Hrs		ND NUMBER		'	YESULU	NO L	
			lost birthd		Months	Days Hours Min.							
<u> </u>	21271121 4 27 /4		64					N. Ann	Street				
11.	BIRTHPL ACE (State or toreig	gn country)		12. CITIZ	T COUNTRY?	13. FATHER'S						
	Mary	Land			7/5	A	Wilfre	ed Hodge	1				
	USUAL OCCU	PATION (Giv		14B. KINI	OF BUS	NESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME				
uon	hauel	0	ven irrefired)	Adve	rtizi	ing Truck	Manor	rnet Hoov	10 n				
16	WAS DECEAS		U.S. ARMEI	PORCE		SOCIAL	18. INFORM		4/6	-	ADDRESS		
(Ye	s, no or unknown	(If yes, give	wor or dotes	of service) 2	SECURITY NO		_	C 11			1 0	
_	No				41	9-05-90/9		atherine	2 (. He	odges	17 No.	rinn Ja	4
	19.	241				CAUSE OF DEA						PPROXIMATE IN: VEEN ONSET AN	TERVAL ND DEATH
	DISEAS	E OR COND	ITION DIRE	CTLY		Ar	teriosc.	lerotic ca	ardiova	ascular	disea	se	
		LEADING TO				(A)IMMEDIATE	CALISE						
	(This does n	not me on the	mode of dy	ing, e.g.,			AS A CONSEQU	JENCE OF:					
	injury or cor	e, osthenio, etc aplication whi	ch coused de	e diseose, oth.)									
		NTECEDENT				(B)							
	DISEASES O	OR CO NDITI E ABOVE CA	USE (A) STA	Y, GIVING		DUE TO, OR	AS A CONSEG	WENCE OF:					
		NG CONDIT				(c)							
ĝ						(0/							
CERTIFICATION	OTHER SIGN	NIFICANT COI	II NDITIONS C	ONTRIBU	TING								
문	TO THE DE	ATH BUT NOT	T RELATED TO	THE TERM	INAL								
E L						CH OPERATION W	AS PERFORM	ED.			21 AUTC	PSY? (Yes or	r No)
핑	10				, OK WIII	CH OLEKANOR V	AG TEKTOKIN				Zi. Adic		,
				11/1								yes	
MEDICAL	UNDERLYING	NAL CAUSE			home, for	CE OF INJURY(e.g. m, foctory, street, offi	, in or obout 22	C. WHERE DID ((If in Boltimor	e City, give ex	xoct locotion)		
	UTING CA												
Σ	22D. TIME		Doy) (Yea	r) (Hou	r) 22E.¶I	NJURY OCCURRED	22	F. HOW DID IN	JURY OCCL	JR?			
	(APPROX.)				WHILE	AT NO	WHILE						
	23.				m. WORK	AI	WORK						
	l cert	ify that I h	eld an I	nguiry [Ins	spection A	tapsy 🔯	and that an tl	his basis.	death in my	v aninian		
		•								-4-1			
	resul	ted fram: N	tatural cau	ses KA	Accid	lent L Suici				ned manner			
	ACTUAL		1	//	-	111.		HIEF MEDICAL E	XAMINER			DATE SIGN	IED
	SIGNAT		Xu	R	D)	rue M.	D. ASSIS	TANT MEDICAL E	XAMINER				
	EXAMIN	/	eter t	nkov	ic, M	D	ASSO	CIATE MEDICAL E	XAMINER 3	XXX	J	une 7,	1971
	NAME (1			-preov	, ri								
24.	A. BURIAL CRE		24B. DATE		24C. N	AME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, tow	vn, or county) (Stot	e)
KE.	MOVAL (Speci	пу)	61061	1-77	10-	est Lawn	Camatan	. R.	ltimor	o Mar	uland		
0.5	Burial	BY HEALTH	DEST	Tarn							0		
25	A. DATE REC'D	IIIN 4	4 1074			REGISTRAR		UNERAL DIRECTO			ADDRESS		
		AANT	T 19/1	148	مية قر	Jaben KD	Joh	n A. Mon	an Inc	3000	18. R	altima	20)4
VS	151-REV. 1/1/68	8	-	1	7		- O A	RR	7	,,,,,,	- U	LA LUIO	ne st
, 5	101-KET. 1/1/00			7	1 1	()	6	nd ed	Post .				



LE E	9 5 5	BIRTH NO. CERTIFICATE OF DEATH REG. NO	
	on the	T. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	0
	0 0 =	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceosed lived. If institution: residence before	odmission!
a hos		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?	/
in gr	attend rior to	ayale & Labyanth Rd E. STREET AND NUMBER YES IN NO [
O	d'e	5. SEX 16. RACE 1/2 MARDING & DAY OF BOAT OF B	
occurre	regul eased is ma	WIDOWED DIVORCED DIVO	er 24 Hrs. Min.
or co	LUE	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT	COUNTRY
70.3	0	13. FATHER'S NAME	
rant if	on on dis	15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
SSist the	de	NO SECURITY NO. SE	1
MPORTANT his assistant lso, if the dir of any kind:	enda d or	DISEASE OR CONDITION DIRECTLY APPROXIMATE IN BETWEEN ONSET A	
- 5 4 5	att a	IThis does not meon the made of dying, e.g., heart failure, asthenio, etc. II meons the disease,	Elec
CTOR:	o pro gular emba	injury or complication which caused death.) ANTECEDENT CAUSES	1
U BEA	455	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the	aller
= = =	ni is	UNDERLYING CONDITION last. (C)	
RAL D f medical medical	physic cian wa he rema	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A). 19A-DATE OF OPERATION WAS PERFORMED 19A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined 21B. PLACE OF INJURY (e.g., in or obout 21C, where DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location)	
UNERA chief me	hysic re th	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
F 4 2	No ph befor	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR?	
ved by thospital	16.00 mg	OF INJURY	-
Pat 5		22. I certify that (1) (this hospital) attended the deceased from hospital 1970 to 1970 to 1970	21
8 7 40	P Pal	that (I) (we) last saw the deceased alive an	the dote
e must be released accident	O P E	23A. SIGNATURE	
	at a h ior to roval	23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS	
certificat sody was	Ppg	(801 100 100 100 100 100 100 100 100 100	1/20
This cert the body shows: (1	D.C dse	Bened 6/9/11 Oh Knesseth Spred Batter W	(Stelet
This certhe bocs	was D.C decease written	25A, DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25G, FUNERAL DIRECTOR Living a Son 9610 Resolution	an
	11	V5 150-REV. 1/1/68	

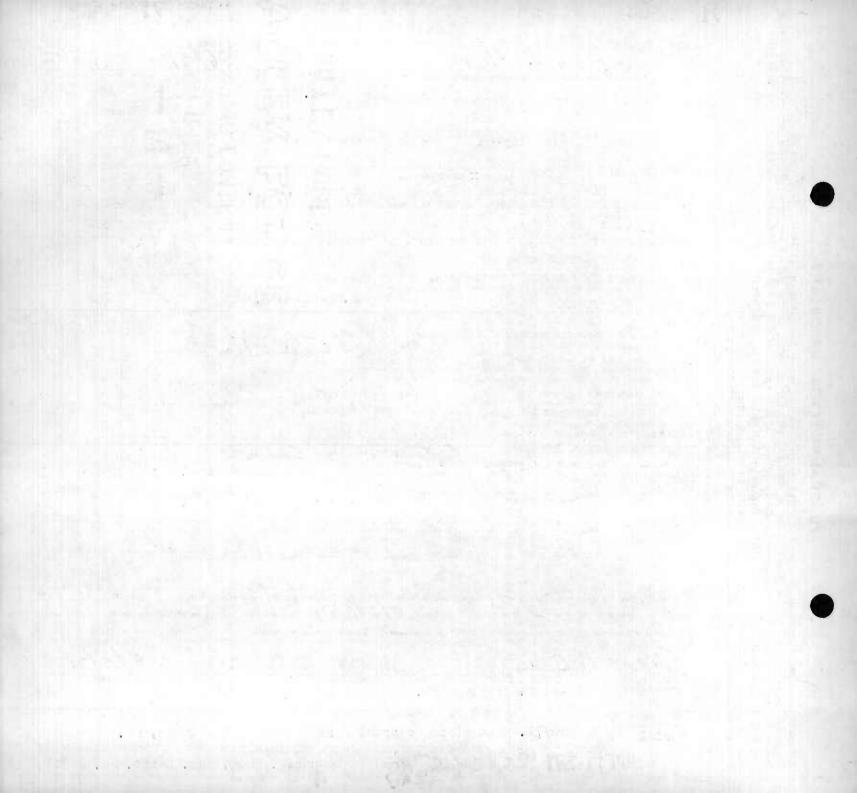


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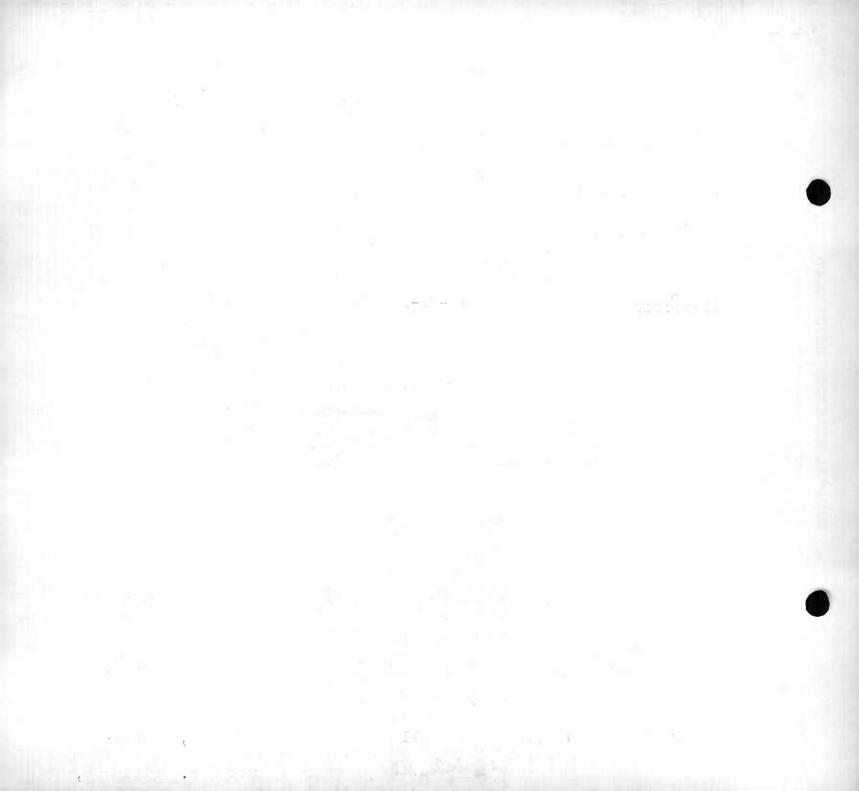
BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 1 5561
BIRTH NO.	REO. NO.
I. NAME OF DECEASED (Type of Eight) LINWOOD SOMMERVILLE	2. DATE Known Month Day Yeor Hour OF DEATH Estimated C
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	PRONOUNCED DEAD 6 6 1971 5:10 a M.
22	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
Johns Hopkins Hospital	Washington, D.C.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro WIDOWED DIVORCED	YES NO D
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 10. AGE (In year	E. STREET AND NUMBER 22 47th St. S.E.
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	James M. Somesville
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN NAME
done during most of warking life, even ifretired)	Marill Maratas
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	11B. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	An C
TIO CAUSE OF PEA	THE APPROXIMATE INTERVAL
CAUSE OF DEA	BETWEEN, ONSET AND DEATH
DISEASE ON CONTRIBUTE SINCE SINCE	eral bronchopneumonia
LEADING TO DEATH (A)IMMEDIATE C	
heart tailure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (8) Cran:	io-cerebral injuries
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
5	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
0 2	yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give exoct lacation)
UNDERLYING TO CONTRIB. hame, form, foctory, street, office highway	St. Rt. #235, 2/10 mi. so. of Rt. 472
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	/ 22F. HOW DID INJURY OCCUR?
	WHITE Driver in auto-auto collision.
(APPROX.) 6-1-71 1:35 a.m. WORK AT W	ORK A DIIVOI III data data and and and and and and and and and an
I certify that I held an Inquiry Inspection Au	tapsy 🛽 and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	
Active Street	CHIEF MEDICAL EXAMINER
ACTUAL AMILIA CA	ASSISTANT MEDICAL EXAMINER &
SIGNATURE M.D	
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 6/6/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) (0/9/7/ Sancial 17d	cost Rushwall Stall " Mid.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS
JUN 11 1971 22.48 Jal 22	
Child I was a minis of success with	W. Clarke Mattingley Leonardtewn, Maryland
VS 151-REV. 1/1/68 85 7, 10 1	0 4 5 0 1

The best of the second period that county by Avenue Avenue Avenue and the second

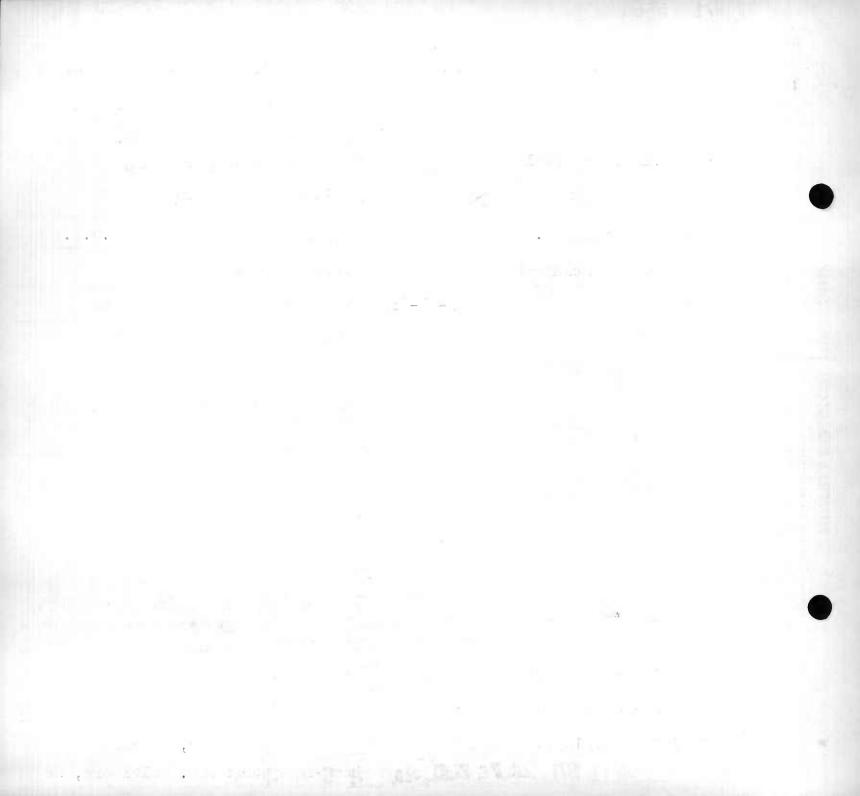
1 T ALA							
	ME OF DECE	ADA I	. Ho	TT	2. DATE	AND HOUR OF BEA	121 3 45
3. PL	ACE IN BALT	MORE MARYLAND, W	HERE PRONOUI	NCED DEAD	4. USUAL RESIDENCE (WI		tf institution; residence before
HOSE	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUT	TION, GIVE STREET	Md.	Baltimo	ore 53
INSTI	ITUTION				Baltimo		YES NO NO
9	1	Gould Conval	esarium		E. STREET AND NUMBER		
						1823 Red	lwood Avenue
5. SE)	X	6. RACE	7. MARRIED 3	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Und Manths: Days Hours
Fe	emale	White	WIDOWED	DIVORCED	August 14,1889	9	81
			108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT
done	House	orking life, even if retired) EWITE			Maryland	1	USA
	ATHER'S NAM				14. MOTHER'S MAIDEN N	AME	
		George N	Torwood			Emma	Lloyd
30 34				14.000	17	and the state of t	
		Ever in U. S. Armed For (If yes, give war or date		SECURITY NO.	17. INFORMANT		ADDRESS
	No			UNK .	Mr. Rowland P.	• Hott	(Same)
	A	NTECEDENT CAUSES R CONDITIONS. if		(B) Gun	La Artinas S ACONSEQUENCE OF:	hani	
ATION	DISEASES OF COMPANY OF THE RESIDENCE OF THE DEATH OF THE		ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A).	Optimities Chair Brain	a, Cachy	Mol 208. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	DISEASES OF THE SIGNIFIC THE DEATH OF THE DE	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CO H BUT NOT RELATED TO TO NOT RELATED TO TO NOTION IN PAR OPERATION 1798. CON	ony, giving sloting the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W	(C)	5 Cachy	No) 20B. IF YES, WI	ERE FINDINGS CONSIDERED
CAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH OF THE	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION loss. II CANT CONDITIONS CO HOUSE NOT RELATED TO TO NOT RELATED	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218. F home etc.)	(C)	Syntam; And 2	No) 20B. IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE SIGNIFIC THE DEATH OF THE DEATH OF THE CONTRIBUTE	R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DUTION FOR W FORMED 218. F home etc.) (Hour) 21E, While	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, injury occurred and injury with the control of th	20A. AUTOPSY? (Yes or long), in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE RESIDENT OF THE DEATH OF THE CONTRIBUTION OF C	R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218. F home etc.) (Hour) 21E. While Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED E At Not What Work	20A. AUTOPSY? (Yes or land) 20A. AUTOPSY? (Yes or land) 20A. AUTOPSY? (Yes or land) 21F. HOW DID III 21F. HOW DID III	No) 20B. IF YES, WI IN CERTIFYING (IF IN BOH	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	ADISEASES OF THE SIGNIFIT OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE CONTRIBUTION OF THE C	R CONDITIONS, if obove couse (A) CONDITION lost. CONDITION lost. CANT CONDITION S CO	ony, giving sloting the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218. F home etc.) (Hour) 21E, Whill Work	HICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street, with the street of the s	20A. AUTOPSY? (Yes or land) 20A. AUTOPSY? (Yes or land) 21A. AUTOPSY? (Yes or land)	No) 20B. IF YES, W. IN CERTIFYING (If in Bolt) NJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OF THE DEATH OF THE DE	R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218, F home etc.) (Hour) 21E, I While Work	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, injury occurred at Work	20A. AUTOPSY? (Yes or large bidg., INJURY OCCUR?	No) 20B. IF YES, WI IN CERTIFYING (If in Bolt NJURY OCCUR? 19 21 ta that In (my) (con)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION TO O O O O O O O O O O O O O O O O O O	DISEASES OF THE DEATH OF THE DE	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. I CANT CONDITIONS CO BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 1986. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital last saw the decease fram the causes state	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218, F home etc.) (Hour) 21E, I While Work	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, injury occurred at Work	20A. AUTOPSY? (Yes or land) 20A. AUTOPSY? (Yes or land) 21A. AUTOPSY? (Yes or land)	No) 20B. IF YES, WI IN CERTIFYING (If in Bolt NJURY OCCUR? 19 21 ta that In (my) (con)	ere findings CONSIDERED CAUSES OF DEATH? limare City, give exact location) 6/9/1
MEDICAL CERTIFICATION TO O O O O O O O O O O O O O O O O O O	DISEASES OF THE DEATH OF THE DE	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. I CANT CONDITIONS CO BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 1986. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital last saw the decease fram the causes state	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218, F home etc.) (Hour) 21E, I While Work	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, farm) INJURY OCCURRED At Work de deceased fram (We) (did) (did—t)	20A. AUTOPSY? (Yes or large bidg., INJURY OCCUR?	No) 20B. IF YES, WI IN CERTIFYING (If in Bolt NJURY OCCUR? 19 2/ to that In (my) (con)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	DISEASES OF THE RESIGNIFIC THE DEATH OF THE DEATH (notify APPROX.) 12. 1 certify that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITION S CO BUT NOT RELATED TO TO NOT RELATED TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PERI TWAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) That (1) (this haspital last saw the decease fram the causes states.	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218, F home etc.) (Hour) 21E, I While Work	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, farm) INJURY OCCURRED At Work de deceased fram (We) (did) (did—t)	20A. AUTOPSY? (Yes or large of large) 20A. AUTOPSY? (Yes or large) 21F. HOW DID II 21F. HOW DID II 22 / 19 2 / and 22 / 19 2 / and 24 view the bady after death 25 / and 26 / and 27 / and 27 / and 28 / and 29 / and 20 / and 20 / and 20 / and 20 / and 21 / and 22 / and 23 / and 24 / and 25 / and 26 / and 27 / and 27 / and 28 / and 29 / and 20 / and 21 / and 22 / and 23 / and 24 / and 25 / and 26 / and 27 / and 27 / and 28 / and 29 / and 20 /	No) 20B. IF YES, WI IN CERTIFYING (If in Bolt NJURY OCCUR? 19 21 ta that In (my) (con)	ere findings CONSIDERED CAUSES OF DEATH? limare City, give exact location) 6/9/1
MEDICAL CERTIFICATION 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	DISEASES OF THE DEATH OF THE DE	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITION S CO HOLD BUT NOT RELATED TO TO NOT RELATED TO TO NOT RELATED TO TO TO NOT RELATED TO TO TO NOT RELATED TO	ony, giving sloling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218, F home etc.) (Hour) 21E, I While Work	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, farm) INJURY OCCURRED At Work At Work deceased fram (We) (did) (did) DEGREE AP Ph	20A. AUTOPSY? (Yes or land) 20A. AUTOPSY? (Yes or land) 21A. AUTOPSY? (Yes or land) 21	No) 20B. IF YES, WIN CERTIFYING (If in Bolt) NJURY OCCUR? 19 2/ ta that in (my) (con)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Simore City, give exact location aplnian death accurred a
MEDICAL CERTIFICATION THE STATE OF THE STAT	DISEASES OF THE SIGNIFITY OF THE SIGNIFITY OF THE DEATH OF THE DEATH OF THE SIGNIFITY OF THE SIGNIFICTY OF THE SIGNIFIC OF THE SIGNIFIC OF THE SIGNIFIC OF THE SIGNIFITY OF THE SIGNIFIC OF THE SIGN	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITION S CO BUT NOT RELATED TO TO DODITION GIVEN IN PAR OPERATION 1986. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital lost saw the decease fram the causes state Albert AATION, 248, DATE	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218. F home etc.) (Hour) 218. I While Work I) attended the dalive an etcl abave. (I) B Bradl	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, farm, factory, street, farm) INJURY OCCURRED At Word At Word E deceased fram (We) (did) (did)	20A. AUTOPSY? (Yes or large of line bldg., INJURY OCCUR? 21F. HOW DID IT and view the bady after death thending Med. Director 123D. ADDRESS 4800	No) 20B. IF YES, WI IN CERTIFYING (If in Bolt NJURY OCCUR? 19 2/ ta that In (my) (cor)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Simore City, give exact location aplnian death accurred a
MEDICAL CERTIFICATION THE STATE OF THE STAT	DISEASES OF THE SIGNIFIC THE DEATH OF THE DE	NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION Iosl. II CANT CONDITION IOSL. CANT CONDITION SCO H BUT NOT RELATED TO TO DODITION GIVEN IN PAR OPERATION 19B. CON WAS PERI T WAS UNDERLYING THING CAUSE OF medical examines) (Month) (Doy) (Year) That (I) (this haspital last saw the decease fram the causes state to the couse state to the couse state to the causes state to the cause state to the	ony, giving sloling the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR W FORMED 218. F home etc.) (Hour) 218. I While Work I) attended the ed alive an etcd abave. (1) B Bradl	HICH OPERATION PLACE OF INJURY (e.g., farm, factory, street, farm, factory, street, farm) INJURY OCCURRED e At Not What Work was at Wor	20A. AUTOPSY? (Yes or land) 20	No 208. IF YES, WIN CERTIFYING (If in Bolt NJURY OCCUR? 19 2/ ta that In (my) (cor) Staff Phys. Delair Ro LOCATION	ere findings considered CAUSES OF DEATH? limore City, give exact location aplnian death accurred a

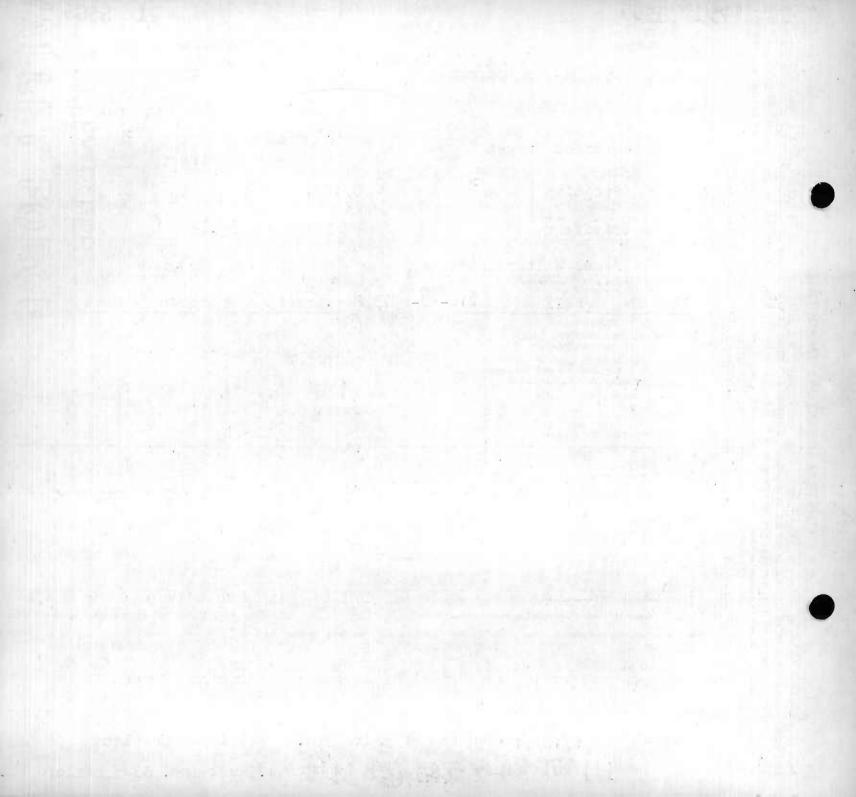


/1 5563	BALTIMORE CITT HEA		71	5563
BIRTH NO.	CERTIFICATE	OF DEATH	REG. NO.	0000
1. NAME OF DECEASED	1 -	2. DATE AN	D HOUR OF DEATH	7/77
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNG		SUAL RESIDENCE (When		residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		May and	Balt: mo	
Union Memorial Ho	spita) E.S	Raltimon TREET AND NUMBER TO THE PROPERTY OF T	-	NO
5. SEX 6. RACE 7. MARRIED	NEVED MADDIED 8. D/	TE OF BIRTH		
male white WIDOWED	DIVORCED 1	-03-95	ast birthdoy 75 Months	eil Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTRY 11. B	IRTHPLACE (State or forei		ZEN OF WHAT COUNTRY
Lithographer		Marylas		1379
10 2 11 can School	14. A	MOTHER'S MAIDEN NAM	AE O	
15. Was Deceased Ever in U. S. Armed Forces? [16.	SOCIAL 17. IN	FORMANT	7	ADDRESS.
(Yes, no of unknown) (If yos, give wor or dotes of sorvice)	13-05-541 7M	rs. Margo	evet sande	VS (same)
DISEASE OR CONDITION DIRECTLY	POSSISIE	Acute M	1.0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE	ACUAC IVI	yo careal	
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CON	ISEQUENCE OF:	V () () ()	
injuly of complication which caused deoth.) ANTECEDENT CAUSES	Arteriosc	leptic C	ar disvascular	
DISEASES OR CONDITIONS, if any, giving	(B)	U.Cu	ye	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Possible	CAVENO	ma of	
- 11		60/00		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ADJUST OF THE CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198. CONDITION FOR WHICE WAS PERFORMED 214-ACCIDENT WAS UNDERLYING 1218-PLANCED	H OPERATION 20	A. AUTOPSY? (Yos or No	20B, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING TO 21B PLA	CE OF INJURY le.g., in or ob	NO DOUBLE CONTRACTOR	(If In Boltimore City, giv	
DEATH (notify modicol exominer)	onn, factory, street, office bl	dg., INJURY OCCUR?	he in bossinore Cay, give	e exect leconon)
S OF INJURY	URY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.) Work	Li At Work Li	C/-		D1
22. I certify that (I) (his hospite) attended the d			9 11 10 6/	19
that (1) (we) last saw the deceased alive on	6/9	19and the	t in (my) (our) opinion dea	th occurred on the date
and hour and from the causes stated above. (1) (W	e) (did) (did not) view t	he body after death.		
121. Earl Cotine W	Attending Phys.	Med.	Shaff DA 23B. DA	TE SIGNED
23C, Physician's NAME (Type) L. EARL COTW	23 D. A	DDRESS	emorial H	o(D.
	of CEMETERY OF CREMATO		CATION (City, town,	or county) (Stote)
	ar Hill		ltimore, Mary	· -
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF RE	GISTRAR 25	C. FUNERAL DIRECTOR		ADDRESS
JUN 11 1971 Jaber &	Varbey M.D. I	eonard J R	uck Inc. Balt:	imore, Md
1/2 1/0 DEM 1/1//0				



71 5564	BALTIMORE CITY	HEALTH DEPARTMENT	7	1 5564
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 0001
I. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) WILLIAM	UC INTOSH	JUNE	9 197	1 1 8.20 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If in-	titutian: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
42 Cinci Hamital		E. STREET AND NUMBER		YES NO
Sinai Hospital		1450 GEDAL	CROFT	RO
MOLE WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	1-22-99	ast birthday	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fareig	n country!	12. CITIZEN OF WHAT COUNTR
Retired Civil Eng.		Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	0.5211.
Charles G McIntosh	A	Mary Germa		
5. Was Deceased Ever in H. S. Armed Forme?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, na arunknawn) (IIf yes, give war ar dates of servi	215-09-6530	DA Miss Mary T	McIntosh	Same
18.437.9	CAUSE OF DEATH		4	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CEREBRI	AL VASCULAR A	AccideNT	BETWEEN ONSET AND DEATH
CThis does not mean the mode of dying,	(A) IMMEDIATE CAU	SE		Hour.
hearl toilute, osthenia, etc. It means the dise		CONSEQUENCE OF:		
injury or complication which caused death.)	0	i , n :	_ /	1911
ANTECEDENT CAUSES	(B) LEAR!	MAN HETURIO	5c/erou	/yewo.
DISEASES OR CONDITIONS, il any, giv rise la lhe abave cause (Al slating	ring DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING ODISEASE OR CONDITION GIVEN IN PART 1 (A)	NG IAI			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILLIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, affi etc.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimare	City, give exact facation)
21D. TIME (Manth) (Day) (Yearl (Haur)	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX)	While AI Not While Work			
22. I certify that (1) (this hospital) attende	110111		119 6	
that (1) (we) last sow the deceased alive of	on MAR4	-comp /	17 to 19	an death accurred an the date
and haur and from the causes stated above			in (my) (out) o pini	an acam accurred on the dot
23A. SIGNATURE	o to they total tale liet) Al-	ew the body diter death.	Te.	38 DATE SIGNED
(d/kert). Himelfait	Atten		off [None 10, 1971
23C. PHYSICIAN'S	DEGREE Phys.	Director Ph	nys. L	n
HIDERT S. HIME		222 W. Colds	mun /	100 /DAIT'T
AA. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specifyl	NAME of CEMETERY OF CREA		ATION (City,	tawn, ar cauntyl (State)
Burial 6/12/71	Lorraine Park	Bal	timore, M	
SA. DATE REC'D BY HEALTH DEPT. 258, NAN	NE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUN 11 1971 3464	BE Raben RD	Leonard Jaku	ick Inc. B	altimore, Md
150-REV- 1/1/68				•





VS 150-REV. 1/1/68

NO

USA

ADDRESS

ADDRESS

21228

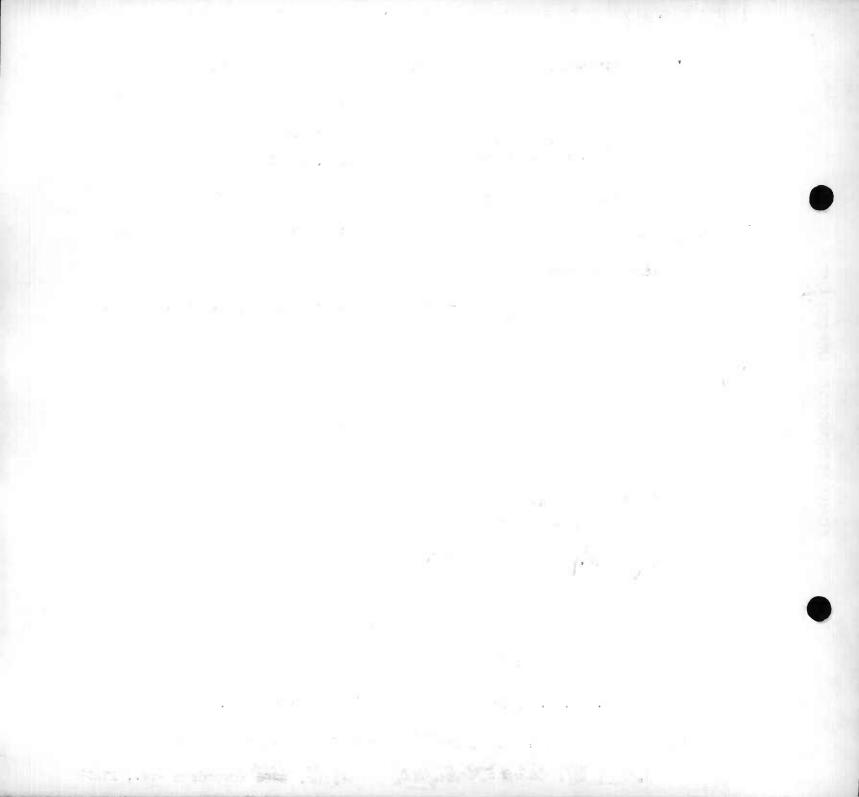
APPROXIMATE INTERVAL

SETWEEN ONSET AND DEATH

Ini

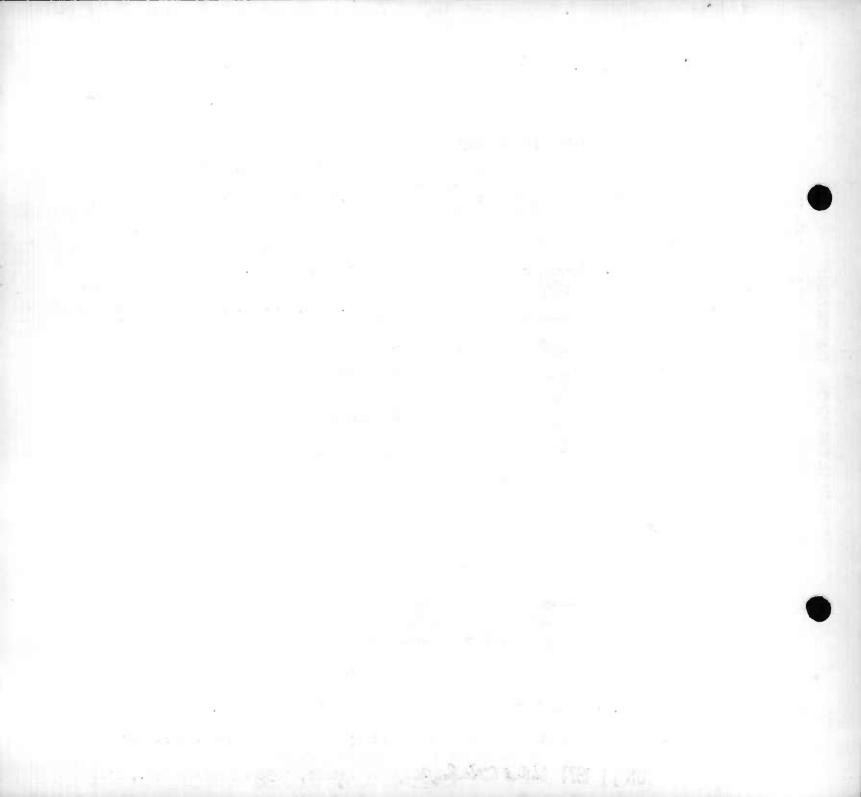
A 10 MATE - 1 18 ESTATE THE STATE OF THE STATE O

74 55	567		BALTIMORE CITY	HEALTH DEPARTME	INT	F14 0F
BIRTH NO.			CERTIFICA	TE OF DEA	111	71 5567
1. NAME OF D	(Maybell)	atterson	, Mabelle H		6/9/71	Н
3. PLACE IN B	ALTIMORE MARYLAND, W			4. USUAL RESIDENC	E (Where deceased lived, I	institution: residence before admission
FULL NAME OF HOSPITAL OR				A. STATE B. Md. C. CITY OR TOWN	COUNTY	VSIDE CITY LIMITS?
0.0	German Age	d Home		Baltimore		YES X NO
70	22 S. Atho		ı	e. STREET AND NUM 22 S. Ath	ol Avenue	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
female	white	WIDOWEDE	DIVORCED	10/10/1898	lost birthdayl	Months Doys Hours Min.
DA, USUAL OC	CUPATION (Give kind of work					12. CITIZEN OF WHAT COUNTRY
housewi	of working life, even if retired)			Maryland		USA
3. FATHER'S N.	AME			14. MOTHER'S MAID	EN NAME	
Late W.	lter Musgrove			Late Sar	ah S	
5. Was Decass	ed Ever in U. S. Armed Force vn] (If yes, give wor or dates	es? 1	6. SOCIAL	17. INFORMANT		ADDRESS
	varial yes, give wor or dates	1	SECURITY NO. 213-52-6337		ed Home, 22 Ath	
18.	2, 9 1		CAUSE OF DEATI	4		APPROXIMATE INTERVAL
DISE	ASE OF CONDITION DIR	ECTLY		1 -	- 0	BETWEEN ONSET AND DEATH
/Th:- 1	LEADING TO DEATH		(A) IMMEDIATE CAU	SE lentale	nic State	
heart failure	not mean the mode of , osthenio, etc. It means	dying, e.g., the disease.	DUE TO, OR AS	CONSEQUENCE OF:	lada or on a latina an a gulo a diche il de la mall an	
injury or co	emplication which caused	death.)			0	
11	ANTECEDENT CAUSES		materia.	1 A Produc	· D DANG	. '
DISEASES	OR CONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	<u> 07 9200er</u>	Z
rise to t	he above cause (A)	stating the	- 1	1 0	X	
UNDERLTIN	IG CONDITION lost.		(C)	suse y	ementio	
TO THE DEA	II IFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH CONDITION GIVEN IN PART	E TERMINAL	General	ged Ar	teriosclero	dis
19A. DATE C	OF OPERATION 198. COND. WAS PERFO	ITION FOR WH	IICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WER IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DESTRICT CAUSE OF The medical examines	21 B. Pl home, elc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or about 21 C. WHERE	DID (If In Boltim UR?	ore City, give exact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E 11	NJURY OCCURRED	21F. HOW D	D INJURY OCCUR?	
(APPROX.)		While	At Not While			
		Work	At Work		- N	7 () A.
22. I certif	y that (1) (this hospital)	ottended the		april	19 /ta	June 19 //
that (1) (we) last saw the deceased	alive on	40 lines	19 7/	and that In (my) (aur) o	platon death accurred on the date
and hour a	nd fram the causes state	d abave. (1) (We) (did) (did not) vi			
23A. SIGNAT		1	T	/		23B, DATE SHONED
ni, li	exist 1	Drup	1716	Med.	Stoff	9- 11-01 M
23 C. PHYSICI	AN'S	100 1/2	DEGREE Phys.	3D. ADDRESS	Phys.	1 June 11
NAME	(Type)	Barran			ann Arra	
4A. BUPIAL CO		Bryson	DEGREE	4605 Edmond		
REMOVAL	1 4	24C. NAM	E of CEMETERY of CRE	MATORY	6.5	City, town, or county! (Stole)
Burial	6/11/		don Park Ceme			ryland
SA. DATE REC'	D BY HEALTH DEPT.	SB. NAME OF	REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
1	JUN 11 1971	4Bes ET	Jaken Je A	Witzle 9	Edmondson	Ave., 21229
/S 150-REV. 1/1	/68			THE PARTY OF		



71 5568		HEALTH DEPARTMENT	71 5568
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	2000
NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
Anna ". Bar		6/9/71	1
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II	institution: residence before admission
FULL NAME OF SIF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET		18211
HOSPITAL OR ADDRESS OR LOCA	ATIONI	G. CITY OR TOWN	SUDE CITY HAVE CO
4 3	Constant Page 1	Baltimore	YES X NO
() () 5001 West	thills Pkwy	E. STREET AND NUMBER	ies [20 NO [
		5001 Westhills Pkwy	
SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr
female white	WIDOWED X DIVORCED	10/1/1878 lost billdoys	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if refired)			USA
Housewife		Maryland	UON
		14. MOTHER'S MAIDEN NAME	
late John H. Biemill		late Caroline M.	
5. Was Deceased Ever in U. S. Armed Forder, no ar unknown! (If yes, give war or date	s of servicel SECURITY NO.	17. INFORMANT	ADDRESS
10	SECORITI NO.	Mrs. Ruth Dorsey, 5001 We	sthills Pkur 21229
18. / 4 - 1	CAUSE OF DEATI		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIS	43		BETWEEN ONSET AND DEA
LEADING TO DEATH	Crorect	NOMATOSIS -	1 w.
(This does not mean the mode of	dying, e.g., (A)IMMEDIATE CAU	SE A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means injury or complication which caused		a construction:	
ANTECEDENT CAUSES		INOMH-PANCREAS	3 ws
DISEASES OR CONDITIONS, if	(B)	A CONSEQUENCE OF:	
tise to the above cause (A)	stoling the	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	NTRIBUTING		
	[[(A).		
19A DATE OF OPERATION 19B CONI WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
V		I CENTERING CA	
23.4 4.0.010.012.11			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY fe.g., in hame, form, foctory, street, of	or obout 21C. WHERE DID (If In Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218, PLACE OF INJURY (e.g., in hame, form, foctary, street, offered)	or obout 21C. WHERE DID (If In Boltime	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	hame, form, foctory, street, off	i or obout 21C. WHERE DID (If In Boltimo	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	hame, form, foctory, street, offect, (Hour) 21E, INJURY OCCURRED While At The Not While	21F. HOW DID INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) 21D-TIME (Manth) (Doy) (Yearly (APPROX.)	hame, form, foctory, street, offetcJ (Hour) 21E, INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	ore City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol exominet) 21D.TIME (Manth) (Doy) (Yearl (APPROX.) 22. 1 certify that (1) (this herpital)	(Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from	21F. HOW DID INJURY OCCUR?	UNED 19 2/
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol exominen) 21D. TIME (Manth) (Doy) (Yeori OF INJURY (APPROX.) 22. 1 certify that (1) (this heartel) that (1) (we) last sow the decease	(Hous) 21E INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ore City, give exact location) UNE 9 19 2/
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (this herpital) that (I) (we) last sow the decease and hour and from the causes state.	(Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	UNED 19 2/
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol exominen) 21D.TIME (Manth) (Doy) (Yeori OF INJURY (APPROX.) 22. I certify that (I) (this hereital) that (I) (we) last sow the decease	hame, form, foctary, street, off elc.] (Hous) 21E INJURY OCCURRED While At Not While At Work attended the deceased from At Work d alive on June Octave	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	UNED 19 2/
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (this herpital) that (I) (we) last sow the decease and hour and from the causes state.	hame, form, foctory, street, off elc. (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from J d alive on JUNE ed above (I) (W) (did) (didner) vi	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 5 ta 7 21F. HOW DID INJURY OCCUR? 19 6 ta 7 21F. HOW DID INJURY OCCUR?	UNED 19 2/
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol exominen) 21D.TIME (Manth) (Doy) (Year (APPROX.) 22. I certify that (I) (this herpital) that (I) (we) last sow the decease and hour and from the causes state 23A. SIGNATURE	hame, form, foctary, street, off elcJ (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from J d alive on JUNE ed above (1) (W) (did) (didner) vi	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Inlon death occurred on the da
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medicol exominen) 21D. TIME (Manth) (Doyl (Yeori OF INJURY (APPROX.) 22. I certify that (I) (this he pital) that (I) (we) last sow the decease and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	hame, form, foctary, street, off elc. (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from Indicate the decease of the deceased from Indicate the Indi	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Inlon death occurred on the da
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Manth) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this herpital) that (I) (we) last sow the decease and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Norman	hame, form, foctary, street, off elc. (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from Indicated the Indica	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Inlon death occurred on the date of the da
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominen) 21D. TIME (Manth) (Doy) (Yeori OF INJURY (APPROX.) 22. I certify that (I) (this herpital) that (I) (we) last sow the decease and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. NOTMAN IA. BURIAL CREMATION, [24B, DATE REMOVAL (Specify)]	home, form, foctory, street, off elc. (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from I d alive on I (did) (didner) vi ed above, (i) (vii) (did) (didner) vi Attended the deceased from I ed above, (ii) (viii) (did) (didner) vi	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Inlon death occurred on the date of the da
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (this heapted) that (I) (we) last sow the decease and hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. NOTMAN A. BURIAL CREMATION, 124B. DATE	home, form, foctory, street, off elc. (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceased from I d alive on I (did) (didner) vi ed above, (i) (vii) (did) (didner) vi Attended the deceased from I ed above, (ii) (viii) (did) (didner) vi	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	Inlon death occurred on the da

1630 edmondson Ave.,



Floor	BALTIMORE CITY	HEALTH DEPARTMENT			
віктн No. 1 5569	FRAZIE CERTIFICA	TE OF DEATH	REG. NO.	5569	
1. NAME OF DECEASED (Type or Print) Roler L:	Frances	2. DATE AN	HONR OF DEATH	11145-	7
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONO UN CED DEAD	4. USUAL RESIDENCE (When	e secessed lived. Il in	stitution; residence before ad-	mission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	A. STATE B. COUNTY MARYLAND BALTIMORE CITY 8 8 C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	SPITAL	BALTIMORE		YES NO	
33 THE JOHNS HOPKINS HO	SFIIAL	E. STREET AND NUMBER 1101 N. BR	OADWAY		
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months: Doys Hours	24 Hrs.
MALE NEGRO WIDOW	VED DIVORCED TO	6-3-11	iost birthday	Months Doys Hours	Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KING done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	· Br	12. CITIZEN OF WHAT CO	UNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE COLL		
UIP Trazier	-	Emma T.	William	25	
 Was Deceased Ever In U. S. Armed Forces? Yes, no or anknown) (If yes, give war or dotes of serving) 	cel SECURITY NO.	17. INFORMANT	1	ADDRESS	
No	SECORITI NO.	Publi Canto	0 h H523-	FINIAMI Am	
18, 1/ 9 / 91	CAUSE OF DEAT	Harry Coeffe	1. 70007	APPROXIMATE INT	ERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AN	
LEADING TO DEATH	4. NUMBERIATE CAL	es Stha	160		
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:			1000000
heart failure, asthenia, etc. It means the dise Injury or camplication which caused death.)	ase,				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if any, give	ing (B)	A CONSEQUENCE OF:	*****		
tise to the above cause (A) stating	the				
UNDERLYING CONDITION last.	(c)				
z II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL				
SINGLE OF CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	120A AUYOBEYS IVos as No	200 IS VEC 14000	CINDINGS CONCIDENT	
WAS PERFORMED		20A. AUTOPSYT (See or No)	IN CERTIFYING CA		
U 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If In Boltimer	e City, give exact location)	
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX)	While At Not White Work				
22. I certify that (F) (this hospital) attended			97/ to	6/9 19/	7/
that (H (we) lost saw the deceased alive		5 /			
	-		at in but font obt	nion death occurred on ti	ne dote
and hour and from the causes stated above	e. (17 (We) (did) (did not) v	lew the body after deoth.			
	Atte	nding Med.	Staff C	23B, DATE/SIGNED	
Lloyd a la	DEGREE Phys	. L Director L	Phys.	9/1/1/	
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		110001	100
	JACOBS	THE JOHN	15 HOPKINS	HOSPITAL	
REMOVAL (Specily)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ly town or county! (5	Statel
12/11/11/17/19	11/ / Yullian	1 (nm R	21/1	Y//N:	
25A. DATE REC'D BY HEALTH DEPY. RSB. NAM	APOLITICALIA AN	250, TUNERAL DIRECTOR	Vylic .	ADDRESS	7
111N 11 1971 Jague	En Water	William 18	Fue in N/X	how 2109/1	In de
VS 150-REV, 1/1/68	1-1-4-1-9	Also com a	annuy /x	JUNE 7 / proces	16 Call

Person remembers

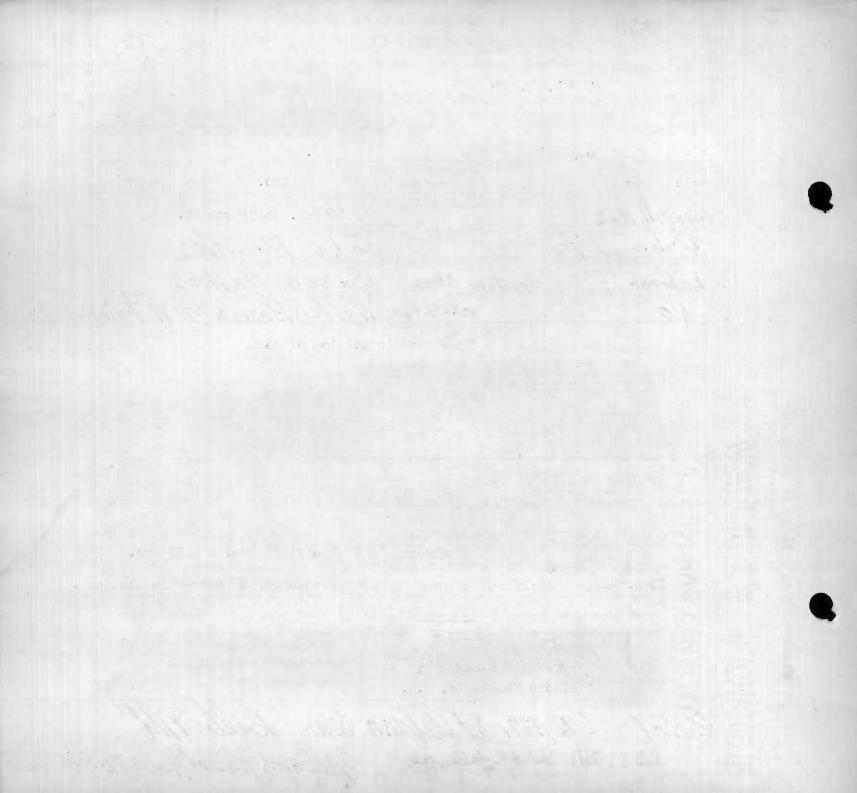
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BALTIMORE CITY HEALTH DEPARTMENT

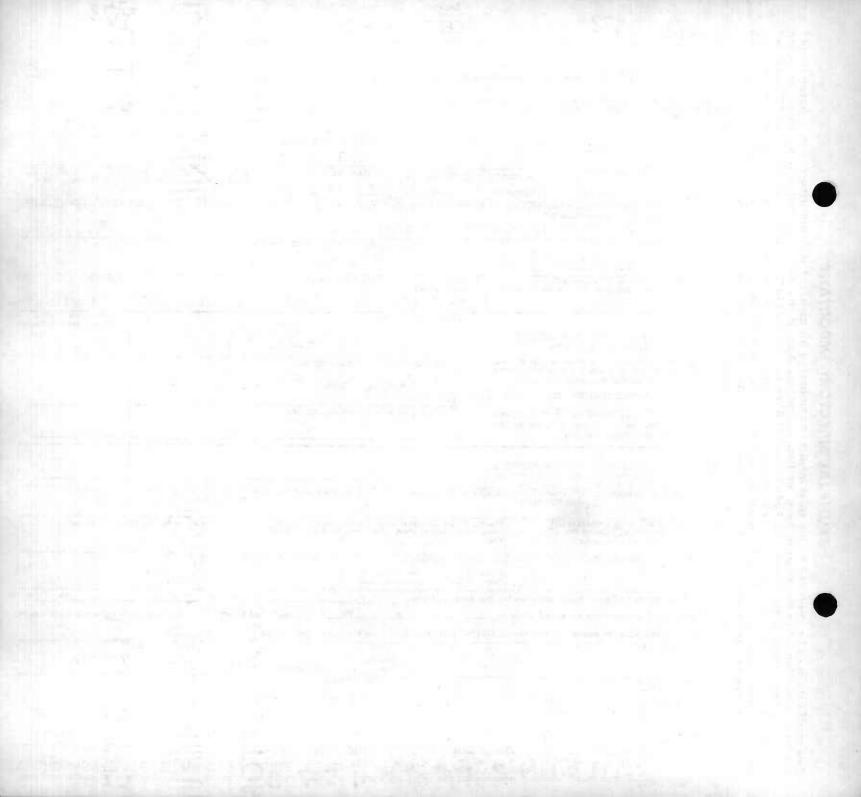
	CERTIFICATE OF DEATH REG. NO.	71 5570
BIRTH NO. 1. NAME OF DECEASED	No DATE V	У. С.
(Type or Print) JOHN L. BRANCH	2. DATE Known Manth Day OF DEATH Estimated	Year Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	6 5	1971' 10:20рм.
1/1	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	n: residence befare admission)
Y Sinai Hospital	Md.	1002
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
male megro widowed Divorced	Balto.	ES NO
9. DATE OF BIRTH Manolally 1922 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min. 49		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. EATHER'S NAME	
WHAT COUNTRY?	John Buruch	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	YI 15. MOTHER'S MAIDEN NAME	-
dane during mast at warking life, even it retired))	Susan Hughes	
Laboren Funiture Stone 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DDRESS //
(Yes, no ar wiknown) (If yes, give wor ar dates of service) SECURITY NO. 928-05-7602		Fairmount Ar
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Fracture di	slocation of neck	
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, Injury or camplication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	*
UNDERLYING CONDITION LAST.		
9		
OF TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	20 24 27 27 47 47 47 47 5 5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
0		no
22A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., office, office) home, form, factory, street, office street	in or obaut 22C. WHERE DID (If in Baltimare City, give exceeding, etc.) INJURY OCCUR? Dolfield Ave. & Bell Av	re.
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	Passenger in auto-auto	accident.
	otapsy and that on this basis, death in my	aplnian.
resulted fram: Natural causes Accident X Suici	de Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE Affahalahipe "M.E.	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	6/6/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY SUPERIOR STATES OF CEMETERY STATES OF CEMETERS OF CEMET	or CREMATORY 24D. LOCATION (CRY, 10W)	or, or faunty) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUN 11 1971 Sales E. Labor, Ma	Milliams Feneral Have	319N. Soproeder S
VS 151-REV. 1/1/6B	145,0	



Many Land of Treath Teal in a Lingstein

VS 150-REV. 1/1/68

			BALTIMORE CITY	HEALTH DEPARTMENT	***1	179
71	5572		CERTIFICA	TE OF DEATH	REG. NO.	1 5572
BIRTH NO.	-41011				AND HOUR OF DEATH	
(Type or Print)	Arthur O.	White		Jun	e 8, 1971	1 M-
3. PLACE IN BAL	TIMORE MARYLAND		UNCED DEAD	A STATE B. COL	here deceased lived. II i	institutions residence before admission)
FULL NAME OF	UE NOT IN HO	TITOMI OD INTIG	IITION CIVE STREET	Maryland	High re-	2788
FULL NAME OF (IF NOT (N HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C, CITY OR TOWN	D. IN	SIDE CITY LIMITS?		
				Baltimore		YES NO
5230	Denmore A	venue		E. STREET AND NUMBER		
				5230 Denmo	re Avenue	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
Male	Negro	WIDOWED		12-23-1907	63	
	UPATION (Give kind of working life, even if refir		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fe	oreign counky)	12. CITIZEN OF WHAT COUNTRY
chauffe			est Company	Maryland		USA
13. FATHER'S NA	ME			14 MOTHER'S MAIDEN N	AME	
Winfres	H. White			Estelle L	ee	
			16 SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown	Ever in U. S. Armed	dates of service)	SECURITY NO.			5000 5 - 3-
NO 18.			CAUSE OF DEAT	Mrs. Arcine	e C. White	5230 Denmore Av
DISEASES (ise to the UN DERLYIN) O OTHER SIGNIC TO THE DEAL DISEASE OR COMMENT OF THE DISEASE OR COMMENT OR COMMENT OF THE DISEASE OR COMMENT OR COMMENT OF THE DISEASE OR COMMENT OF THE DISEASE OR COMMENT OR	ANTECEDENT CAU OR CONDITIONS, e above cause G CONDITION last, II FICANT CONDITIONS TH BUT NOT RELATED CONDITION GIVEN IN F OPERATION 1984 WAS	if any, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A).	(c)	A CONSEQUENCE OF:	No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYIN UTING CAUSE OF y medical examined	G 218		in or about 21C, WHERE DID ffice bidg. INJURY OCCUR		ore City, give exact location)
OF INJURY (APPROX.)	(Month) (Day) (Y		INJURY OCCURRED Not Whith At Work	21 % HOW DID (/
22. I certify	that (1) (this hasp	Ital) attended t	he deceased from	4/3	_19 7/_ta	19.7/
that W (we	last saw the dece	ased alive on_	6/8	19 7/ and	that (n (my) (our) of	olnion death accurred an the date
				view the body after deat		
23A. SIGNAT		51			1	238 DATE SIGNED
b	who !	Match	Dh.	ending Med.	Staff Phys.	6/11/71
23CA HYSICI	ANS	J	DECREE	23D. ADDRESS		
	eph C. Mat	char	M: D.	Sinai Hosp	ital	/ /
24A. BURIAL CR	EMATION, 248 DAT		AME of CEMETERY of CR			City, town, or county) (Stoto)
Burial	(Specify) 6-12		int Lukes C	100	Reistersto	
	D BY HEALTH DEPT.		OF REGISTRAR	25C, FUNERAL DIRECT		ADDRESS
AND MARKET MANUAL	11 N 4 4 10	- 0	E. Markey M. D.			3035 W. NORTH A
	JUIT I I IO	MA CONTRACTOR	- Marchard . 19 00!	The character at At	THOUSE THOUSE	2022 H. HOTCHIL II



5573	BALTIMORE CITY HEALTH DEPARTM
11/1/15	

71 5	5/3 MED	ICAL EX	VA MAINIED'S	EDTIEL	TE OF	DEATL	1-9	1 =	ーーツつ	
SIRTH NO.	MEL	ICAL E	XAMINER'S C	EKTIFICA	ATE OF	DEATE	REG. NO	l ;	15/3	
NAME OF DEC	CEASED			2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
vpe or Print) Pete McCoy Thompson			OF DEATH	Estimoted					M.	
. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONC	DUNCED DEAD	3. DATE	- 1	Month	Doy	Yeor	Hour	
ULL NAME OF IOSPITAL DR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	ON, GIVE STREET	5. USUAL RESID		Mune	10,		1:58 A	M.
00	410 W. Frank	lin Str	eet	A. STATE	Marylan	. D	COUNTY		701	")
. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TO	WN	1	. INSIDE CIT	Y LIMITS?		
Male	Negro	WIDOWED	DIVORCED [Baltimo	ore	YE	s 🖾	NO 🗌	
. DATE OF BIRT		n yeors If U	nder 1 Yr. If Under 24 Hrs.	E. STREET AND	NUMBER					
5-1-194	3 lost birthdo	,	is pays i thous i min.	626 W	. Fran	klin S	treet			
1. BIRTHPLACE (S	State or foreign country)		ITIZEN OF	13. FATHER'S N	IAME					
Virgi	.nia	V	VHAT SOUNTRY?	Herma	n T. S	aunder	S			
A.USUAL OCCU	PATION (Give kind of work working life, even if retired)	148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	ΛE				
waiter				Helen	Thomp	son				
6. WAS DECEAS	ED EVER IN U.S. ARMED		17. SOCIAL	18. INFORMAN	also also		AD	DRESS		
es, no or unknown	(If yes, give wor or dates	or service)	SECURITY NO.	Mrs. He	elen Sa	unders	Lync	hbur	y, Viro	ginia
19.	11.0		CAUSE OF DEAT					AF	PROXIMATE INTER	
DISCAS	T OR CANDITION DIDE	CTIV						BELA	EEN ONSET AND	DEATH
	E OR CONDITION DIRE	CILY		····· Too too						
(This does n	ot mean the mode of dy	ing, e.g.,	DUE TO, OR A	AUSE Intra S A CONSEQUEN	venous r ICE OF:	larcori	SIN			
	r, osthenio, etc. It means the application which coused dec									
	NTECEDENT CAUSES OR CONDITIONS, IF ANY	CIVING	(B)	AS A CONSEQUE	NCE OF:				***************************************	
RISE TO THE	E ABOVE CAUSE (A) STA	TING THE								
Z	NG CONDITION LAST.		(c)				-4			
	11	0.170101171.10								
→ TO THE DEA	NIFICANT CONDITIONS CO	THE TERMINAL								
_	CONDITION GIVEN IN PA		WHICH OPERATION WA	C DEDECRISE				los Alizo	0.51/0. (V)	1->
20A. DATE OF	F OPERATION 208. COI	ADIIION FOR	WHICH OPERATION WA	15 PERFORMED				21. AUTO	PSY? (Yes or h	10)
224		I.a.a.						1	Čes	
	NAL CAUSE WAS G∏OR CONTRIB-	home	PLACE OF INJURY (e.g., , form, fociory, street, office	in or obout 22C. bldg., etc.) INJU	RY OCCUR?	If in Boltimore	City, give exo	t locotion)		
UTING CA	USE OF DEATH.			A 54 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
OF INJURY	(Monih) (Doy) (Yeo		ZE.INJURY OCCURRED		HOW DID IN.	JURY OCCUR	?			
(APPROX.)		m. V		ORK						
23.				T3)						
	ify that I held on I		Inspection Aut		nd that on th					
result	ted from: Notural cou	ses A	condent D Suicid	e Homic	ide 🗌 🗆	Undetermine	d monner L	_		
ACTUAL	(1)	0)	1)0	CHIE	F MEDICAL E	XAMINER L			DATE SIGNE	D
SIGNATI		5 7.0	& sugation.	ASSISTA	NT MEDICAL E	XAMINER L	X.			
EXAMIN		s S. Sn	ringate, M.D.	ASSOCIA	TE MEDICAL E	XAMINER [] _{I,,}	ne 10	1971	
NAME (T	ype)									
4A. BURIAL CRE/ EMOVAL (Speci		24	C. NAME of CEMETERY	or CREMATORY	24D.	LOCATION	(City, Iown	, or county	(Stole)	
Burial	6-14-	1971	Forest Hill	Cemete	ry C	ampbel	l Co	. Vi	rginia	1
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUN	ERAL DIRECTO	OR	Al	DDRESS		
	IN 11 1971 6	Bes E.	Jaban Ka :	NUTI	ER FUN	ERAL F	HOME 3	035 V	V. NORT	TH AV
00	TI WILL	0	7 1 1	0 4 5	2 -7 -					
S 151-REV. 1/1/68	3	5 3 1	1 0	1 4 -	3 5 6)				1/

1.13



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74	5575					NO.		
BIRTH NO.	120		CERTIFICA	TE OF DEATH			3010)
Type or Print	helma R. S	mith			AND HOUR OF			
	TIMORE MARYLAND,		INCED DEAD	4. USUAL RESIDENCE IV	ne 9, 19	1 T		
	military manufacture, i	WHERE PRONO	ONCED DEAD	A. STATE B. CO	UNIY	ed. It instit	tutian: tesidenc	ce belore admiss
FULL NAME OF	ADDRESS OF LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland				601
HOSPITAL OR ADDRESS OR LOCATIONI				C. CITY OR TOWN		D. INSIDE	CITY LIMITS?	
1//		_		Baltimore		Y	res 🎇	NO 🗌
/ O Lu	theran Hos	spital		E. STREET AND NUMBER	•			
SEX	6. RACE	17		3211 Normo				
			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	018 A	If Under 1 Yr.	If Under 24 Hours Min
Female	Negro	WIDOWED		10-29-1903	67			
one during most of	JPATION (Give kind of wor working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign countryl		12. CITIZEN O	F WHAT COUN
Housewi		Ho	me	Maryland			US	SA
3. FATHER'S NA	ΛE			14. MOTHER'S MAIDEN N	IAME	1		
Allovei	is Ridgley	7		Lillie De	ncon			
			1 6. SOCIAL	17. INFORMANT	110011			
(es, no of unknown)	Ever in U. S. Armed Fa	es of service)	SECURITY NO.				ADDI	
No	~		216-34-5315	Mr. Edgar A	A. Smith	Sr.	3211	Normont
heart failure, injury or cam A DISEASES O	LEADING TO DEATH of mean the mode of asthenia, etc. It means plication which caused NTECEDENT CAUSES R CONDITIONS, if	dying, e.g., the disease, death.)		A CONSEQUENCE OF:	, mei	lNi		Syx
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FUNERAL HOME 3035 W.

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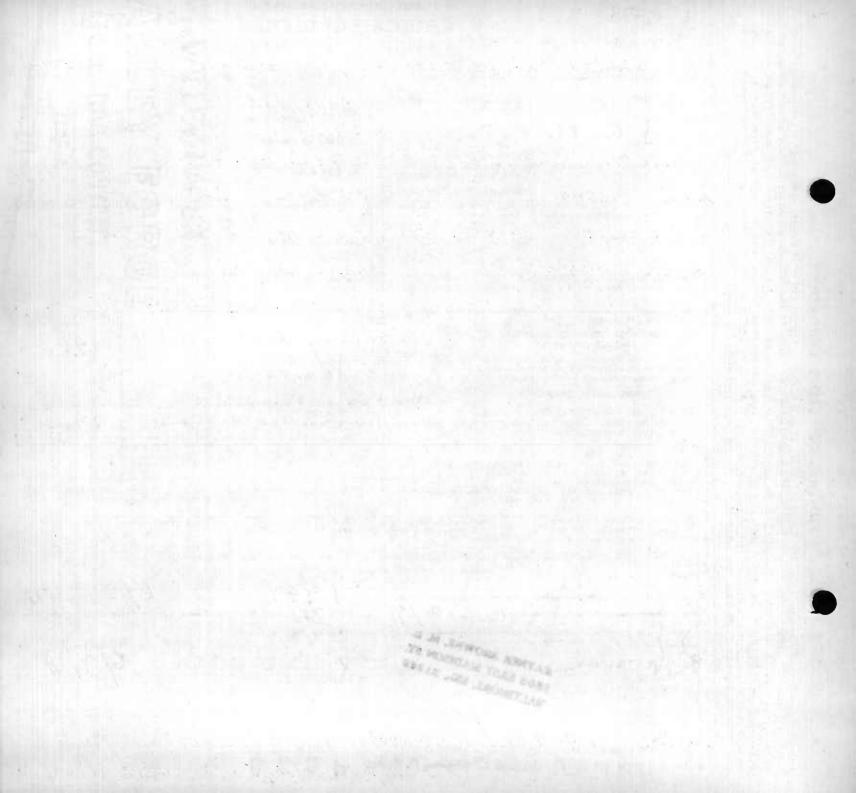
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46	INSTITUTION		5. USUAL R A. STATE Md.	ESIDENCE (Where	e deceosed l	B. COUNTY	n: residence b	efore odmission)		
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female	Negro	WIDOV	_		Balt			V	es 🖺 ı	NO 🗆
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16. WAS DECEAS	ED EVER IN U.S. ARM			17. SOCIAL	18. INFORM				DDRESS	
(Yes, no or unknown NO	(If yes, give wor or dot	es of service)	SECURITY NO.	Arne	etta Gla	dden	3003 H	Herber	t Street
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13.	FATHER'S NA	ME			14. MOTHER'S MAID	EN NAME	
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MEDICAL CERTIFICATI	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT TO THE DEAT TO SEASE OR CONTRIBLE OF CONTRIBLE OF INJURY LAPPROX.) 21 A. ACCIDE OR CONTRIBLE OF INJURY LAPPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATURE CONTRIBLE CONTRIBLE OF INJURY LAPPROX.)	asihenia, etc. if medication which cause ANTECEDENT CAUSE OR CONDITIONS, a above cause () CONDITION last, a condition last, a condition last, a condition last, a condition given in operation last, and was a condition given in operation last, and condition given in operation last ause of medical examined (Month) (Day) (Year that (i) (this hospital saw the decend from the causes a color of the causes and color of the causes and color of the causes and cause of the cause of	ins the disease sed death.) SES If any, giving A) stating the CONTRIBUTING ON THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 1 211 hot of the control of t	WHICH OPERATION B. PLACE OF INJURY Ing., me, farm, fectory, street, e E. INJURY OCCURRED hillo At Mork at Work the deceased from	SEIVIA SA CONSEQUENCE OF: BY GLOWN MAY EMBO 20A AUTOPSY? (To NO in or about 21C. WHERE office bidge INJURY OCC 21F. HOW D view the body after of ending Med. Director	e Heart Too K Leb SE or No. 208. IF YES, WEI IN CERTIFYING (If In Bollin CUR? 1966 ta and that In (my) (war) of leath.	RE FINDINGS CONSIDERED CAUSES OP DEATH? more City, give exoct locotion)
MEDICAL CERTIFICATI	DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C 19A-DATE OF CONTRIER DEATH Inofity 21A-ACCIDE OR CONTRIER DEATH Inofity 21D-TIME OP INJURY LAPPROX.) 22. I certify that (I) (we) and haur and	asihenia, etc. if medication which cause ANTECEDENT CAUSE OR CONDITIONS, above cause (GONDITION last, GICANT CONDITIONS (H BUT NOT RELATED TO ONDITION GIVEN IN 19TH CONDITION GIVEN GIVEN IN 19TH CONDITION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIV	ins the disease sed death.) SES If any, giving A) stating the contributing the contributing the contribution for performed and (House cital) attended assed alive on stated above.	WHICH OPERATION B. PLACE OF INJURY I.e.g., me, form, foctory, street, e E. INJURY OCCURRED hillo At	SEIVIA S A CONSEQUENCE OF: BY GLOW MAY EMBO 20A AUTOPST? (Ye 20A AUTOPST? (Ye 21F. HOW D 21F. HOW D 10 TO STORY 11 TO STORY 12 TO STORY 13 TO STORY 14 TO STORY 15 TO STORY 16 TO STORY 17 TO STORY 17 TO STORY 18 TO STORY 18 TO STORY 19 TO STORY 10	e Heart Too SISM, SE or No! 208, IF YES, WEIN CERTIFYING OID INJURY OCCUR? 1966 to and that In(my) (our) of leath. Shaff Phys	RE FINDINGS CONSIDERED CAUSES OP DEATH? more City, give exact location) June 7) apinion death accurred on
MEDICAL CERTIFICATI	DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C 19A-DATE OF CONTRECT OR CONTRECT OR CONTRECT OR CONTRECT OF INJURY IAPPROX.) 21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (we) and haur and 23A. HEN ATU 23C. PHYSICIA NAME (I) Char.	asihenia, etc. if medication which cause ANTECEDENT CAUSE OR CONDITIONS, above cause (CONDITION last, above cause (above cause (condition last, above cause (and above cause (ab	ins the disease sed death.) SES If any, giving A) stating the control of the Terminal Part 1 (A). ONDITION FOR PERFORMED ON (Hous) 211 house and (Hous) 211 house are allowed assed allowed asset	WHICH OPERATION B. PLACE OF INJURY I.e.g., me, farm, fociory, sheet, e. E. INJURY OCCURRED hillo At Al Work the deceased from (1) (We) (did) (did not) M. D. DEGREE M. D. DEGREE	SEIVIA SA CONSEQUENCE OF: BY GLOW MAY EMBO 20A AUTOPST? (To NO in or about 21C, WHERE office bidg, INJURY OCC 21F. HOW D view the body after of ending Med. Director [23D. ADDRESS 2320 Euta	e death of Klebs Start SE or No. 208. If yes, we in Certifying of the Europe of the	RE FINDINGS CONSIDERED CAUSES OP DEATH? more City, give exact location) June 7) apinion death accurred on
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MEDICAL CERTIFICATI	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT TO THE DEAT TO THE DEAT TO SEASE OR CO 19A-DATE OF CONTRIST DEATH Inofify 21A. ACCIDE OR CONTRIST DEATH Inofify 21A. TIME TO PINJURY IAPPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU CHARL CRE REMOVAL (BURIAL CRE REMOVAL (BURIAL CRE REMOVAL)	asihenia, etc. if medication which cause ANTECEDENT CAUSE OR CONDITIONS, above cause (CONDITION last, above cause (above cause (condition last, above cause (and above cause (ab	CONTRIBUTING OTHE TERMINAL PART 1 (A) ONDITION FOR CERPORMED OTHE TERMINAL PART 1 (A) ONDITION FOR CERPORMED OTHER TERMINAL PART 1 (A) OTHER TERMINAL PART 1 (A) OTHER TERMINAL PART 1 (A) OTHER TERMINAL OTHER T	WHICH OPERATION B. PLACE OF INJURY I.e.g., me, farm, fociory, sheet, e. E. INJURY OCCURRED hillo At Al Work the deceased from (1) (We) (did) (did not) M. D. DEGREE M. D. DEGREE	SEIVIA SA CONSEQUENCE OF: BY GLOWN MAY EMBO 20A AUTOPSY? (To NO 21F. HOW D 10 19 11 VIEW the body after of ending Med. Director 23D. ADDRESS 2320 Euta REMATORY	Leby KLeby K	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) 19 apinion death accurred on 238. DATE SIGNED 6-8-7/



25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

IJ,

258 NAME OF REGISTRAN

A 21	0		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	5579		CERTIFICA	TE OF DEATH	REG. NO. 71	5579
1. NAME OF DI (Type or Print)	Desse	Tom	okins	2. DATE AN	D HOUR OF DEATH	15:05 AN
3. PLACE IN B	ALTIMORE, MARYLAND, V			A. STATE RESIDENCE (When	e deceased lived. If institution MARYLAND	n: residence befare admission
FULL NAME O HOSPITAL OR INSTITUTION	F IIF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
3 STHE	JOHNS HOPK	INS HOSE	ITAL	BALTIMORE	YES	
				* 3837 ROLAND	VIEW AVE.	
MA EE	6. RACE NEGRO		NEVER MARRIED	8. DATE OF BIRTH 9-7-91	ost birthday) If U Mant	nder 1 Yr. If Under 24 Hrs hs Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of wor	WIDOWED	DIVORCED SINESS OR INDUSTRY	11. BIRTHPLACE IState or foreign	()	TITIZEN OF WHAT COUNTR
one during most	of working life, even if retired)	Bast &	Electric	Wach.	D.C.	
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NAM	AE /	
5. Wos Decession of Unknown	ed Ever in U. S. Armed Fo m) (If yes, give war or dolo	rces?	SOCIAL SECURITY NO.	17. INFORMANT	9 1. 2	ADDRESS
18, 20	5 4 679	Z	12-05-5124 CAUSE OF DEAT	TI Made	Donykmo 3	APPROXIMATE INTERVAL
OX /	ASE OR CONDITION DI LEADING TO DEATH			HEMOPTY	1515	BETWEEN ONSET AND DEAT
	not mean the mode of , asthenia, etc. Il means		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	***************************************	
injury at co	ANTECEDENT CAUSES	I death.)				
DISEASES	OR CONDITIONS, if		(B)OR AS	A CONSEQUENCE OF:		
rise to t	the above cause (A)		(c)			
OTHER SIGN TO THE DE	II	NTRIBUTING		LONAL GAMM	MOPATHY	8 menths
▼ IDISEASE OR	ATH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI OF OPERATION 1198, CON	RT 1 (A).	***************************************	[20A. AUTOPSY2 [Yes or No)		
19A. DATE O	WAS PER		CH OPERATION	YES	10 CERTIFYING CAUSES C	OF DEATH?
OR CONTRI	ENT WAS UNDERLYING [BUTING CAUSE OF fy medical exominer)	21B, PL/ home, f	CE OF INJURY (e.g., in com, fociory, street, of	n at about 21 C. WHERE DID lice bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
21D.TIME OF INJURY IAPPROXI	(Month) (Doy) (Year)	(Hour) 21 E IN. While Work	Not While	21F. HOW DID INJU	JRY OCCUR?	
	y that (1) (t his hospite e) last saw the decease		leceased from	6/8 1 19 7/ and the	9 7/ ta	
		ted obove. (i) (Y	(e) (did) (did not) v	lew the body after death.		
23A. SIGN AT	rixler m.	Lynn	M DEGREE Phys	nding Med.	Staff 238, D	ATE SIGNED
23C. PHYSIC NAME		7	DEGREE	23D. ADDRESS		
AA. BURIAL CI	TREXLER M	1 /0PP/	D. C.	JOHNS HOPEI		
REMOVAL	(Specify) 6/12/	17/ 24C. NAME	of CEMETERY OF CRE	MATORY 24D. LO	CATION City som	or county) (Stole)

25CAFUNERAL DIRECTOR

ADDRESS

15

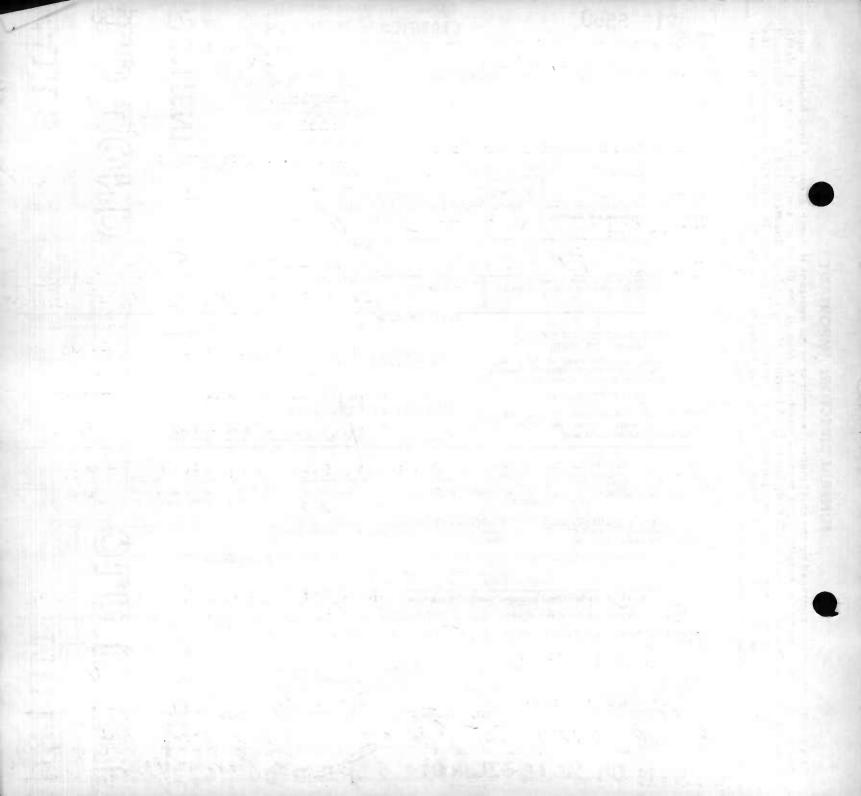
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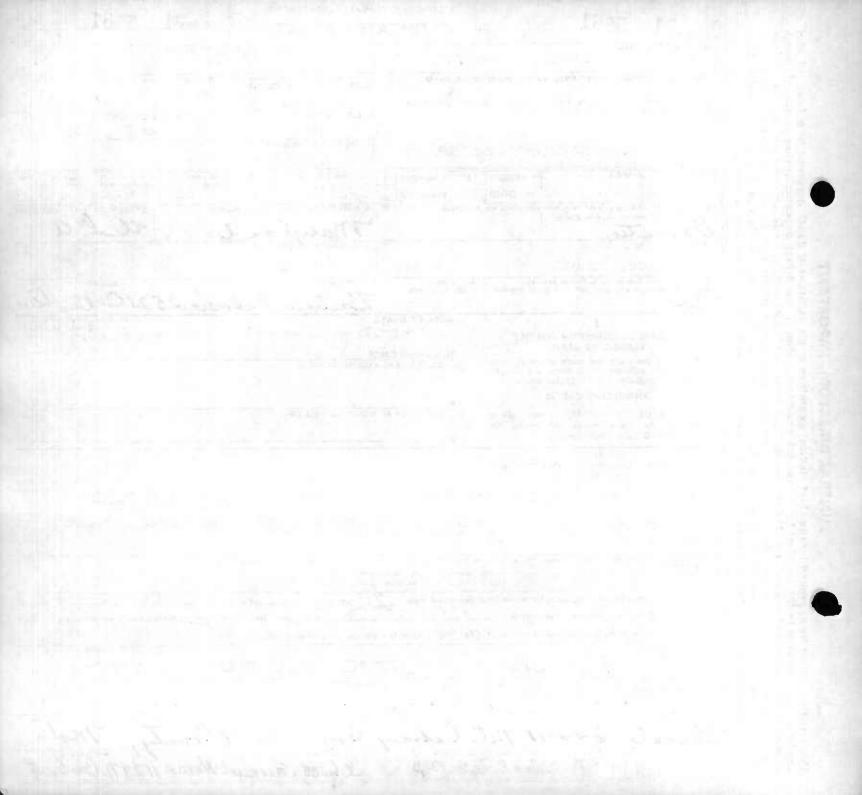
the state of entire to Milet it had been an

H400	BALTIMORE CIT	Y HEALTH DEPARTMENT	- #OA
BIRTH NO. 558U	CERTIFICA	ATE OF DEATH REG. NO.	5580
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	12
Type or Printl HAILEY, Robe	ert	6/8/21	AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived, If institu	wtion; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		Maryland	908
NSTITUTION ADDRESS OF LOCATION		Dolling	CITY LIMITS?
The Johns Hopkins H	Nospital	E. STREET AND NUMBER 1110 E. North Avenue	
SEX 6. RACE 7. ALADON	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR		
Male Negro woow		6/26/26 10st birthdoy) 44 1	f Under 1 Yr. If Under 24 Hrs.
OA USUAL OCCUPATION (Give kind of work IDB, KIND lone during most of working life, even if retired)	A HOSP	Y 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
OUNE HAILE	Y	MATTIE SI	mon
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give war or dotes of servic	1 6. SOCIAL SECURITY NO.	17, INFORMANT	ADDRESS
		FANNIF MCLENDEN	11/08 North 4
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	4	USE Aspination proumence	24hus
This does not mean the mode of dylng, a		A CONSEQUENCE OF:	- F 700/
heart failure, ostheria, etc. It means the diseasinjury or complication which caused death.	ise,	The second various with	
		Oakons 1	401
ANTECEDENT CAUSES	(B)	Delikium tremens	To my
DISEASES OR CONDITIONS, If any, giv	ing DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the obove couse (A) stating UNDERLYING CONDITION last.	(C)	Chamie alcoholismi	~ 30 yw
	(C/		/X
OTHER SIGNIEICANT CONDITIONS CONTRIBUTE	10 5		4.1 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING ODISEASE OR CONDITION GIVEN IN PART 1 (A).	AL Duode	und ulear UGI bleed	4 day,
	******************	······································	
19A DATE OF OPERATION 19B CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINE IN CERTIFYING CAUSE:	DINGS CONSIDERED S OF DEATH?
19A-DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		0	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., home, form, fociery, street, celc.)	in or about 21C. WHERE DID (If In Ballimore Ci office bldg., INJURY OCCUR?	ty, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
	While At Not Whi	le 🗀	
	Work L At Work	A + +	24
22. I certify that (1) (this hospital) attende	d the deceased fram	Hune 197 10 June	19 71
that (1) (we) last saw the deceased alive a	in Dune & the	19 31 and that [r((my)) (our) apinior	deoth occurred on the date
and hour and from the causes stated above	~ Y_		Occorred on the date
23AASIGNATURE	City Lue Maid Maid vot)		
1121.00 = 00		231	B, DATE SIGNED
Jewel Cli	DEGREE Phy	ending Med. Stoff Phys.	6/8/27
ZSC PHYSICIAN'S NAME (Type)	V VOILE	23 D. ADDRESS	1-1-1
JEHNOLD ELLWER		Johns Koptime Kospit	
	DEGREE		1
REMOVAL (Specify)	NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, N	own, or county! (State)
Bureal 6/12/11	MM . 1 alton	my (), U. (Vortos	i me
SA. DATE REC'D BY HEALTH DEPT. 258. NAM	LE OF REGISTRAR	25C. FUNERAL DIRECTOR /	ADDRESS
HIN 11 1971 PAREEN	The Tear is		304h. Central
S I SO NEW YORK CONTRACTOR CONTRA	TORY THE !	X JAMES TO THE POPULATION OF T	111 11 (NAME)
0 100-116 TO 1/ IT U B		W. W.	



74 5581			Y HEALTH DEPART		, NO 1	5584
BIRTH NO.		CERTIFICA	ATE OF DEA	ATH REG	, NO	3,301
1. NAME OF DECEASED (Type or Print) GRI	FFIN, Olive	P.	2.	6/8/71	DEATH	5:27 a.
3. PLACE IN BALTIMORE, MARY	LAND, WHERE PROHOUN	ICED DEAD	4. USUAL RESIDEN	ICE (Where deceased B. COUNTY	lived. If institutio	on: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS INSTITUTION	HOSPITAL OR INSTITUT	ION, GIVE STREET	Marylan		D. INSIDE CI	27/7
2 0			Baltimo	250	YES	
3 3 ml . T. l			E. STREET AND N		1 153	K NO L
The Johns H	opkins Hosp	ital	2521 Qa	kley Aven	ue	
S. SEX 6. RACE	7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In		Inder 1 Yr., II Under 24 H
Female Negro	WIDOWED	DIVORCED T	3/29/18	last birthday	53 Man	ths Doys Hours Min
IOA, USUAL OCCUPATION (Give ki	nd of work 108, KIND OF 8	USINESS OR INDUSTR	11. BIRTHPLA CE (Sie	ite or foreign country)		CITIZEN OF WHAT COUN
Domestic.			maria	land.	-	u. La
3. FATHER'S NAME			14 MOTHER'S MAI	DEN NAME		
Oliver Pai	αe		roset	ta Fox		
5. Was Deceased Ever in U. S. A		6. SOCIAL	17. INFORMANT	ca rox		ADDRESS
Yes, no or unknown) (If yes, give w	or or doles of service)	SECURITY NO.		a Pulme	-252	-
18. //		CAUSE OF DEAT	Н		Deonis	APPROXIMATE INTERVA
DISEASE OR CONDIT LEADING TO (This does not mean the reheat failure, asthenia, etc. Injury or camplication which	DEATH node of dying, e.g., t means the disease,	(A) IMMEDIATE CA DUE TO, OR AS			Locomp	10 dis
ANTECEDENT	CAUSES					
DISEASES OR CONDITION	(A) staling the	(B)(C)	A CONSEQUENCE O	F:		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	TED TO THE TERMINAL	******************		************		***
19A DATE OF OPERATION 1		ICH OPERATION	NO	(es or No) 20B IF YE IN CERTIF	S. WERE FINDIN	GS CONSIDERED
21 A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examination)	OF home.	ACE OF INJURY (e.g., farm, factory, street, a	n or about 21C, WHER ffice bldg., INJURY O	E DID (If I	n Baltimore City,	give exact lacation)
21D.TIME (Month) (Day) OF INJURY (APPROX.)	(Year) (Haud 21E IN While Wark	At Work		DID INJURY OCCUR	?	
22. I certify that (I) (this			5/23	10 71	6/8	10 7/
that (I) (we) lost sow the	leceased office on	6/8 25	725-19 71		our) optation d	leoth occurred on the d
ond hour and from the cou	ses stated obove. (1) (We) (dtd) (did not)	lew the body ofter	death.		
23A. SIGNATURE					Venn d	150 000100

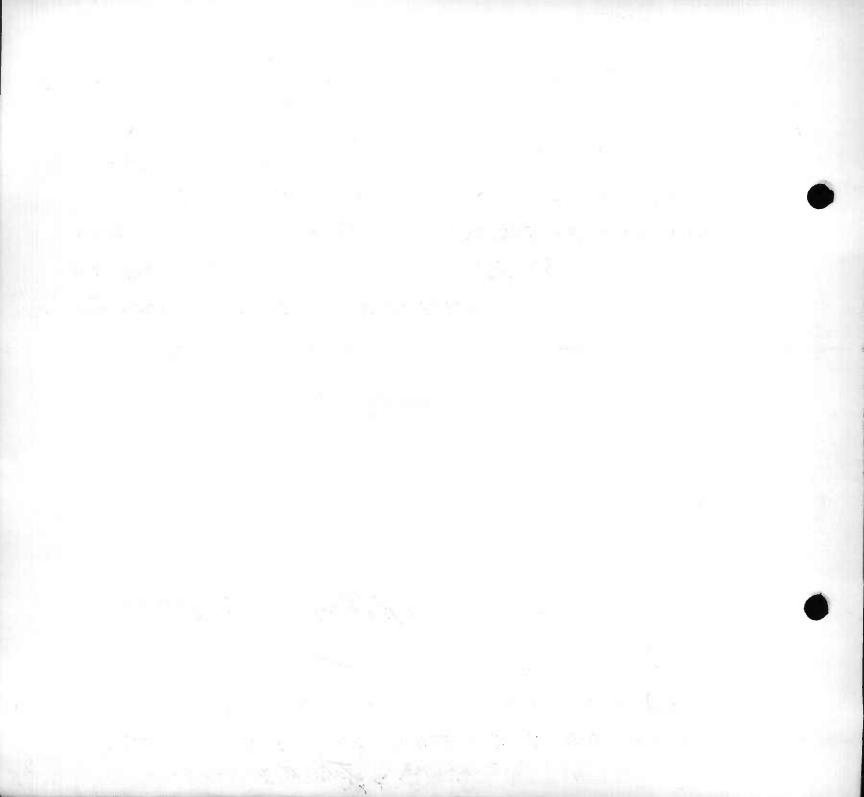
238, DATE SIGNED Attending ___ Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) K. 23D. ADDRESS M.D. The S. Alfredson, The Johns Hopkins Hospital 24A. BURIAL CREMATION, 24D. LOCATION (City, town, ar county) 25B. NAME OF 1 1 1971 VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL



VS 151-REV. 1/1/6B

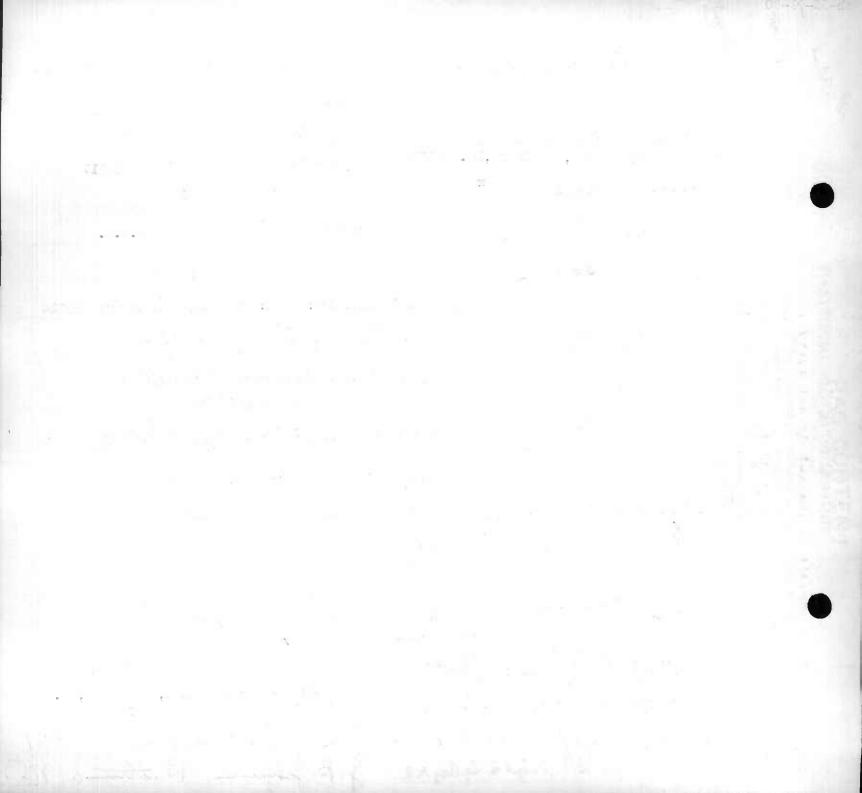
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MEDICAL !	EXAMINER'S	CERTIFICATE	OF	DEATH
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- 00.	MED	ICAL EXP	WIINER 2	CEKIIFI	CATE OF	DEATI	REG. NO.	/ 1	0000	
IRTH NO.										
NAME OF DECEASED ype or Print)					Known XX	Month	Doy	Yeor	Hour	
ype or rrint)	Claude Wi	lkerson		DEATH	Estimoted	6	6	71	9:10	P M.
PLACE IN BALT	TIMORE, MARYLAND, W		ICED DEAD	3. DATE		Month	Doy	Yeor	Hour	141.
ULL NAME OF OSPITAL	OSPITAL ADDRESS OR LOCATION)				UNCED DEAD	6	6	71	9:10	P M.
3 9 Provident Hospital				5. USUAL R A. STATE Md	ESIDENCE (Where		ed. If institution 3. COUNTY	n: residence	before odmis	sion)
. SEX	7. RACE	B. MARRIED .	IEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	000	
male	Negro	WIDOWED	DIVORCED [Balto		Salt I			NO 🗌	
DATE OF BIRTH			1 Yr. If Under 24 Hrs.	E. STREET	ND NUMBER					
5-19-1	2 lost birthdo	Months!	Doys Hours Min.	22	220 Callow	Avenu	e			
I. BIRTHPLACE (S	tote or foreign country)	12. CITIZ	ZEN OF	13. FATHER		11 / 0110				
OL	. /)		ACOUNTRY		11. K.		1			
IA USUAL OCCU	PATION (Give kind of work	14B KIND OF BUS	INESS OR INDUSTR	VIS MOTHE	R'S MAIDEN NA	WE V				
one during most of w	orking life, even if retired)	11 1	/	I I I INOTAE	11 . 1/	Lan	- ,			
Utility	MAN	Hove!				10001				
es, no er unknown	ED EVER IN U.S. ARMED (If yes, give wor or dotes	of service)	SOCIAL SECURITY NO.	18. INFOR	AANT 1	V	A	DDRESS		, (
No		יב	12-14-1986	2M15/	TNNWI	Acrso	N BJR	9/011	ore,1	nd
19.	9 4.		CAUSE OF DEA	TH	,,			Al	PROXIMATE IN	TERVAL
710	10/		A	rterio	clerotic	cardio	vascula	r dise	VEEN ONSET AT	NTA30 OF
	E OR CONDITION DIRE LEADING TO DEATH	CTLY								
4.	ot mean the made of dy	ring e.g.	(A)IMMEDIATE		UENCE CE					
heort foilure,	osthenio, etc. It meons the	diseose,	DUE TO, OR	AS A CONSEG	UENCE OF:					
injury or com	plication which caused dec	oth.)								
AN	NTECEDENT CAUSES		(n)		*					
DISEASES C	OR CONDITIONS, IF ANY	Y, GIVING	(B)	AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAUSE (A) STA	TING THE								
Z ONDEXLYIN	CONDITION LAST.		(c)							
=	II									
∠ TO THE DEA	IFICANT CONDITIONS COATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL								
	OPERATION 20B. COL		ICH OPERATION W	AS PERFORA	NED			21. AUTO	PSY? (Yes o	r No)
5 2									es	
€ 22A. FXTER	NAL CALIER WAS	loop pra	CE OF INITIDY!	in an about	2C WHERE DIE	/// := D. le:	Cibe		- S	
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	home, lor	CE OF INJURY (e.g., rm, foctory, street, offic	te bldg., etc.)	NJURY OCCUR?	(ii in pallimor	e City, give exc	ocr locollon)		
	Month) (Doy) (Year	r) (Hour) 22E.I	NJURY OCCURRED	1	2F. HOW DID IN	JURY OCCU	R?			
OF INJURY (APPROX.)		WHIL	EAT NOT	WHILE						
23.		m. WOR		VORK	15-5-1					1
	ify that I held an I	nquiry 🔲 In	spection Au	tapsy XX	ond that on th	his bosis,	deoth in my	opinion		
result	ed from: Natural cau	ses Acci	dent Suicio	de 🔲 H	omicide 🗌	Undetermin	ed manner [
	-1	1/2 ~	111		CHIEF MEDICAL E	EXAMINER			DATE SIGN	JED
ACTUAL	IDE X	2 WWY	mu.	ASS	STANT MEDICAL	EXAMINER				
SIGNATU		Apkovic,	M.D.	ASSO	CIATE MEDICAL E	XAMINER X	X		6/7/	71
NAME (T		arpito vice		7330	CIAIL INCOICAL L	- A TITLE TER				
4A. BURIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	n, or county) / (Sto	te)
EMOVAL (Specif	(Y) 1 11.	/n. 2	2 n. 1	1. 71	6	2,14	10000	M		
DUTIA	1 6/10/	21 //	, MAK	SAN	V-	1014	MUTE	///	1	
SA. DATE REC'D	BY HEALTH PEPT.	25B. NAME OF		75¢.	FUNERAL DIRECT	OR	Δ	DDRESS		
	JUN 11 1971	Wallet E	Jaber ME	1 X	15, Ysk	roco				

1.7: notice to universe there elsely by thereof

sab-55-03-90]	17	L 5584	BALTIMORE CITY	HEALTH DEPARTMENT	THE PERSON IN .
7005	BIR	RTH NO.	CERTIFICA	TE OF DEATH REG. NO	71 5584
and eath sased the	1.1	NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1
on on the	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	18 Am
hospital ise of c (5) Dece ance or death.				A. STATE B. COUNTY	institution: residence before admission)
2 :: 7	HO	ILL NAME OF OSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREET	C. CITY OR TOWN	SIDE CITY LIMITS?
in a g cal	1	N: 0:1 10 0:0		Paltimore	YES NO
- E U D		AU Eastern Avenue, Baltimore, Md	. 21224	E. STREET AND NUMBER	^
tribut mined gular sed p	5. 5			8. DATE OF BIRTH 9. AGE (In years	21217
			DIVORCED	3-31-28 ost birthdoy 43	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
E 0 # _ 0 E	AO1	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or lareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
or inde		None -	_	Maryland	U.S.A.
if dea rect or (4) Und was i	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
dis dis	15	James		MAR	
RTAN ssistant the di the di kind; kind; nce on	(Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ORT assissi f th y k d d d d	-	18. // // 4 8	CAUSE OF DEATH	RECORDS: BCH: 4940 Easte	
IMPORTANT or his assistant Also, if the dir s of any kind; (ounced death iffendance on	0	DISEASE OR CONDITION DIRECTLY		io resperatory colla	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or houn		LEADING TO DEATH	(A) IMMEDIATE CAUS	SE	2 dous
		(This daes not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF: We inforction of Dire	-00
TOR: miner. fractu fo pro emba		ANTECEDENT CAUSES	long	well and a color	
RECT exam 3) A f n who		DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	
		rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c) Cardia	ic arrest from Huser &	Palemia
dical cal icia	-	11			
RAL D medical medical burns; burns; physici; an was	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	aneohr	ic chone usom	a
Pice de la m	FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	H OPERATION		FINDINGS CONSIDERED
D 0 2 - 5 5	ERT	5-24,5-25-711 amonened	in ks ting	YS CYES	CUSES OF DEATH?
FU the al b) ::(2) ere o ph	A.	OR CONTRIBUTING CAUSE OF	rm, lactory, street, affi	or about 21 C. WHERE DID lift in Boltimo	re City, give exact location)
ved by the hospital nature; (ept wheeld) No	20	2) Do TIME (Month) (Day) (Year) (Hour) 21F, IN U	JRY OCCURRED	21F. HOW DID INJURY OCCUR?	
oved b hosi cept rd (6)	×	OF INJURY (APPROX) While At Work			
pro pro ny any any any any any any any any any		22. I certify that (2) (this haspital) attended the de	AT TOOK	5-17 197/ to	0-26 1971
ap to		that (1) (last saw the deceased alive an	5- 26	197(and that In(my) (our) apl	nian death accurred on the date
0 7 4 7 1		and hour and from the causes stated above. (1) (We) (did) (did not) vi		
must be eleased ccident in hospitate to degrid		23A. SIGNATURE	mi Atten	ding Med. Sheff	23B, DATE SIGNED
		23C.PHYSICIAN'S	DEGREE Phys.	Med. Staff Phys. 330. ADDRESS	5-26-71
		NAME/Type)	o MT	ASAD Eastern Avenue	,Baltimore,Md.
certificat sody was vs. (1) An D.O.A. at assed pric	24A	BURIAL CREMATION, 24B, DATE 24C, NAME REMOVAL (Specify)	OF CEMETERY OF CREA		21224 ity, town, or county) (State)
bod ws: (S D.C)		10/1/21 Mt	ACBUEN	Ceme BAltimor	10.1
This cert the body shows: () was D.O deceased	25A	DATE REC'D BY HEALTH BETT PER NAME OF RE	GISTRAR	TSC. FUNERAL DIRECTOR	ADDRESS
F # 0 8 0 8	VS	150-REV. 1/1/68	wey KD,	JiPi Julian 1	attimos, Mi



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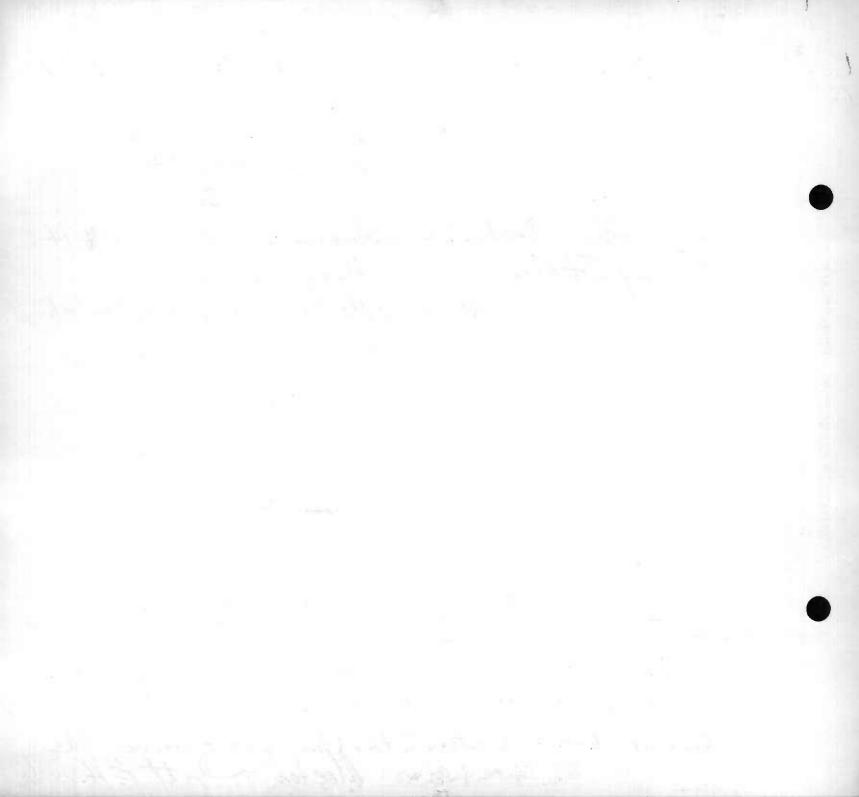
71	5588
REG NO	1000

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) GRANVILLE MATISE	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 6 1 1971 1:05 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
University Hospital	Md. B. COUNTY 2/0/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Balto.
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Aug. 26, 1922	
	925 S. Fremont Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME
lexas u.s.A.	Jack Smith
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done durit of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Jeaman Merchant Mayi	he Locest, Hexander
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT
420 W.W.TL 464-18-755	AMrs. Walter Matise, Waldorf M. 19
CAUSE OF DE	RETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Perforated	duodenal ulcer with early
LEADING TO DEATH (A)IMMEDIATE	
heart toilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CITTLE	osis of liver
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	yes yes
U INDERIVING OR CONTRIR home, form, foctory, street, offi	., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) injury OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY NO	T WHILE
	WORK L
	utapsy 🗵 and that an this basis, death in my apinlan
	de Hamicide Undetermined manner
resorted from: Toxotal cooses (A) Accident	CHIEF MEDICAL EXAMINER
ACTUAL Antiloto	ASSISTANT MEDICAL EXAMINED
SIGNATURE	D. ASSOCIATE MEDICAL EVAMINED
NAME (Type) Isidore Mihalakis, M.D.	6/2/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	(City, town, or county) (State)
REMOVAL (Specify) 6-9-71 Thint. Mo	masial Cashe Waldows 11 H.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS A
JUN 11 1971 Pober E. Jaben M.D.	The At Hunger Home Walder & Wil
	pywine vientiae vyora, 27 octoby pace.
VS 151-REV. 1/1/68	

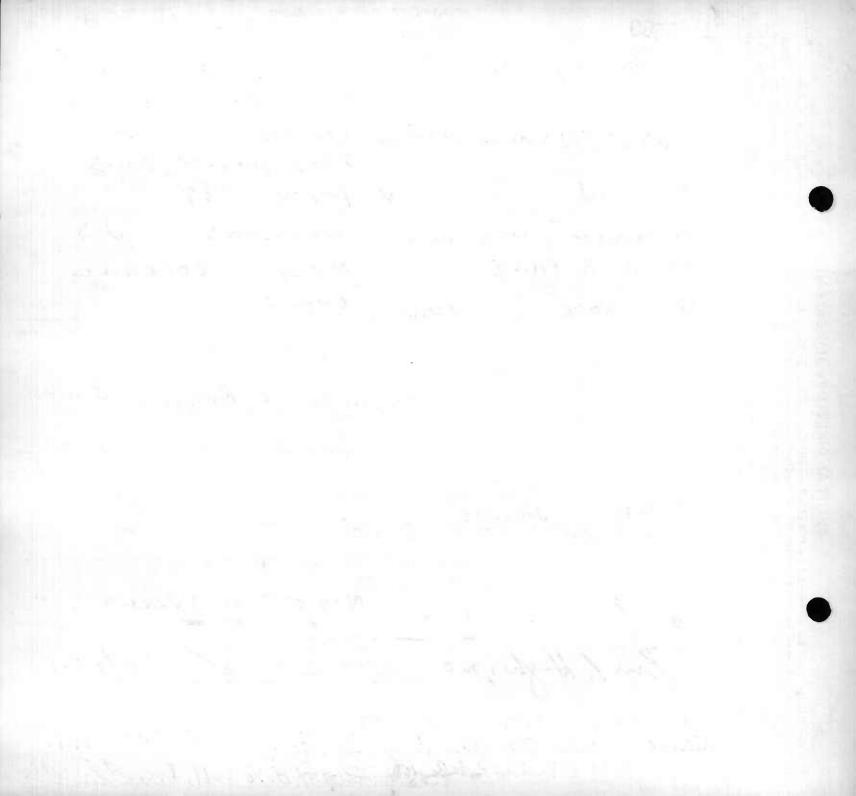
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

			BALTIMORE CITY	HEALTH DEPARTMENT	11	1-3	
1 5587	1.		CERTIFICA	TE OF DEATH	X REG. NO.	1.	3301
NAME OF DECEA	1	*****			D HOUR OF DEAT	гн	
Type or Print)	JOINNES	100	ROH		NC 9,10		1115/0
3. PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOL	UNCED DEAD	A. STATE B. COUN	re deceased lived. I	f institutions re	sidence before admissi
FULL NAME OF	UF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Maryland	Baltimore		530
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION) INSTITUTION				C. CITY OR TOWN	D. II	NSIDE CITY LI	MITS?
21	Baltimore C					YES 🗌	ио ⊠
31	4940 Easter			E. STREET AND NUMBER			
SEX 16.	Baltimore.			307 Avondale			
			NEVER MARRIED		9. AGE (In years lost birthdoy)	Months	Doys Hours Min.
Male Male	Negro	WIDOWED		9-20-90 11. BIRTHPLACE (Slote or force	an country)	112, CITI	EN OF WHAT COUNT
	king life, even if refired)		DOUITEDS OR INDUSTRI	War and and	***	7.7	
Retir					Sooth Hamp	tor ".	S.A.
3. FATHER'S NAME				14 MOTHER'S MAIDEN NAM			
	Holmes		17	Mollie Wa			
5, Wes Deceased Ev (es, no or unknown) (ii	er in U. S. Armed For	s of service)	SECURITY NO.	17. INFORMANT	4940 Ea		
			213-09-4271	BCH Records:	Baltimo	re, Md.	21224
18. 2 6 9	1/1		CAUSE OF DEAT	H			APPROXIMATE INTERVA
DISPASE	OR CONDITION DI	RECTLY				- 1	
	ADMIN TO PERSON			I he had the	0.1/		
LE	ADING TO DEATH	dving. e.c.	(A) IMMEDIATE CAL	MSIMP ANIEM	NA		work
(This does not heart failure, as	mean the mode of thenia, etc. It means	the disease,	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:	NA		MONGO
(This does not heart failure, as injury or compli	mean the mode of thenia, etc. It means casion which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
(This does not heart failure, as injury or compli	mean the mode of thenic, etc. it means cation which caused TECEDENT CAUSES	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF:			morron
(This does not heart failure, as injury or compliant of the DISEASES OR rise to the	mean the mode of thenia, etc. it means cafion which caused TECEDENT CAUSES CONDITIONS, if above cause (A)	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF:			
(This does not heart failure, as injury or compliant of the DISEASES OR rise to the	mean the mode of thenia, etc. It means cafion which caused TECEDENT CAUSES CONDITIONS, if	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF:			
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CThis does not heart failure, as injury or compliant of the UNDERLYING CONTROL TO THE DEATH IN DISEASE OR CONTROL TO THE DISEASE OR CONT	mean the mode of thenia, etc. it means caffon which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. ANT CONDITION S COLUMN CONDITION S COLUMN CONDITION S COLUMN CONDITION SIVEN IN PARFERATION 198 CON WAS PERI	any, giving stating the NTRIBUTING HE TERMINAL T I [A). DITION FOR YOUR MED	(B) DUE TO, OR AS (C) WHICH OPERATION	A CONSEQUENCE OF: MIN CIN US A CONSEQUENCE OF: 20A-AUTOPST? (Yes of No	208, IF YES, WEI	RE FINDINOS CAUSES OF	CONSIDERED
CONTRACTOR OF CO	mean the mode of thenia, etc. It means coffen which caused TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost. ANT CONDITION COLORUT NOT RELATED TO THE CONDITION GIVEN IN PAR PERATION 198 CON WAS PERION WAS UNDERLYING TO CAUSE OF	any, giving stating the NTRIBUTING HE TERMINAL T I [A). DITION FOR YOUR MED	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in form, factory, street, or factory, str	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPST? (Yes or No	208, IF YES, WEI	RE FINDINOS CAUSES OF	CONSIDERED DEATH?
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 589 CERTIFICATE OF DEATH INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY M BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? UNION MEMORIAN HOSPITAN YES 🔽 No E. STREET AND NUMBER OPULAR DRIVE. 5. SEX 6. RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthday WIDOWED DIVORCED TO IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or fareign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND 13. FATHER'S NAME COCKRILL 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT SECURITY NO. ADDRESS ONE KNOWN 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. If means the disease, injury as complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? IAUNDICE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (il in Boltimare City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY [Month] [Doy] (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While Af (APPROX) At Work 22. I certify that (1) (this haspital) attended the deceased fram. 11/ A-4 that (1) (we) last saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did-not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending | Med. Phys. Phys. 23C. PHYSICIAN'S NAME IType) 23D. ADDRESS 24A. BUTIAL CREMATION, 24D. LOCATION ICity, town, or county) (State) offersterTown



IMPORTANT

FUNERAL DIRECTOR:

1 5599		BALTIMORE CITY HEALTH DEPARTMENT							
BIRTH NO.		CERTIFICA	TE OF D	EATH	REG. NO.		0,000		
I. NAME OF DECEA	SED			2. DATE AND	HOUR OF DEATH	1			
(Type or Print)	Mary Katherin	e Lepson		May	22, 1971		3:00 A M.		
3. PLACE IN BALTIA	4. USUAL RESI	B. COUNTY	leceased lived, If	institution: resi	dence before odmission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			Md. Baltimore 530						
HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN D. INSIDE CITY LIMITS?						
He He	ouse In The Pine	S	Pikesv	No					
9/1 B	elvedere Ave.	e.		E. STREET AND NUMBER					
Be	624 Ralston Ave.								
		RIED NEVER MARRIED	B. DATE OF BIR		AGE (In years	If Under 1 Months: D			
Female	White WIDO	WED DIVORCED	Aug. 28.		80 Yrs.				
	ATION (Give kind of work 10 B, KIN rking life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	N OF WHAT COUNTRY?		
Housewife Own Home			Union Bridge Maryland U.S.A.						
13. FATHER'S NAME				MAIDEN NAME					
John Mondshour			Susan Graham						
15. Was Deceased Ev (Yes, no or unknown) (f	ver in U. S. Armed Forces? If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMAN	ſ			ville 8. Md.		
No	None	None	Mr. Wil	lliam W.	Lepson. 6				
(This does not heart failure, as	OR CONDITION DIRECTLY EADING TO DEATH mean the mode of dying, sibenia, etc. It means the dis	ease,	Н	bral th	rombosi	BET	APPROXIMATE INTERVAL IWEEN ONSET AND DEATH 2 days		

No None 18./ DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? CAL DEATH (notify medical examiner) MEDI (Hour) 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) 21E. INJURY OCCURRED OF INJURY Not While White At (APPROX.) At Work Work 22. I certify that (1) (this hespital) attended the deceased fram. that (1) (we) last saw the deceased alive an and that in (my) (pur) apinian death accurred an the date and have and from the causes stated above. (1) (Wa) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Z Med. Shaff Phys. Director Phys. DEGREE 23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS

VS 150-REV. 1/1/6B

25A, DATE REC'D

Burial

ADDRESS

24C. NAME of CEMETERY OF CREMATORY

Baltimore Cemetery

Baltimore

24D. LOCATION

Maryland

(Stote)

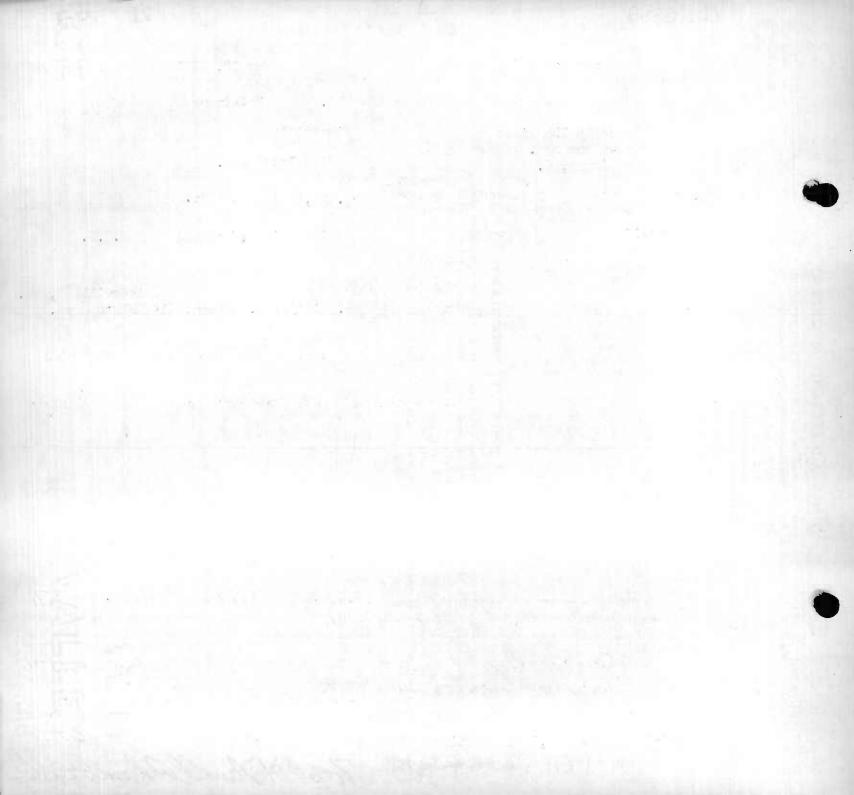
(City, town, or county)

25C. FUNERAL DIRECTO

REMOVAL (Specify)

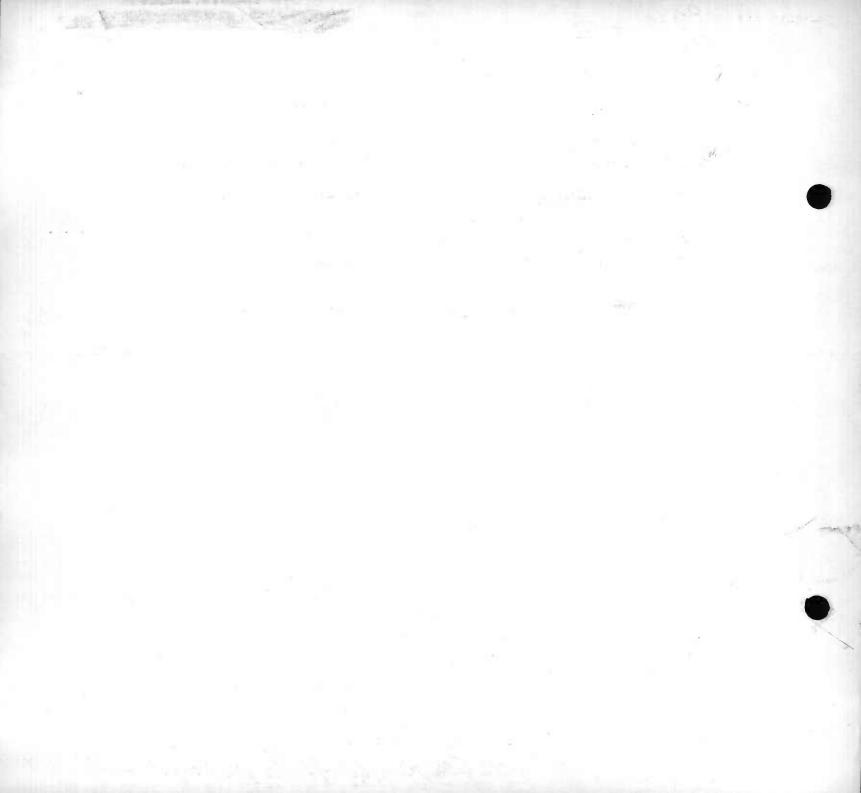
24A. BURIAL CREMATION, 24B. DATE

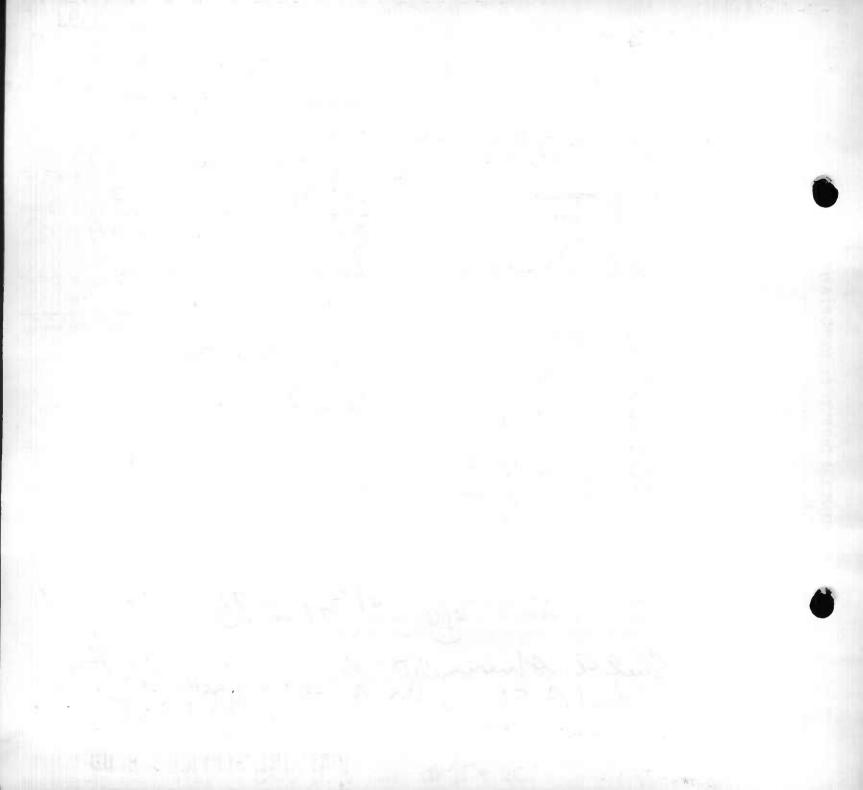
May 25,1



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VS 150-REV, 1/1/68

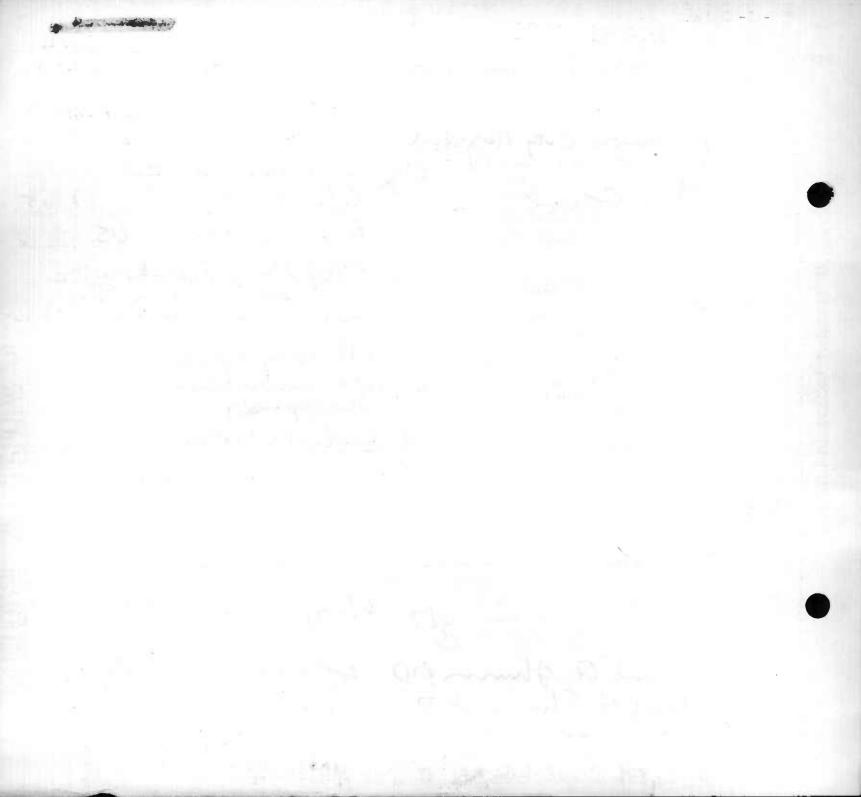




IMPORTANT

DIRECTOR:

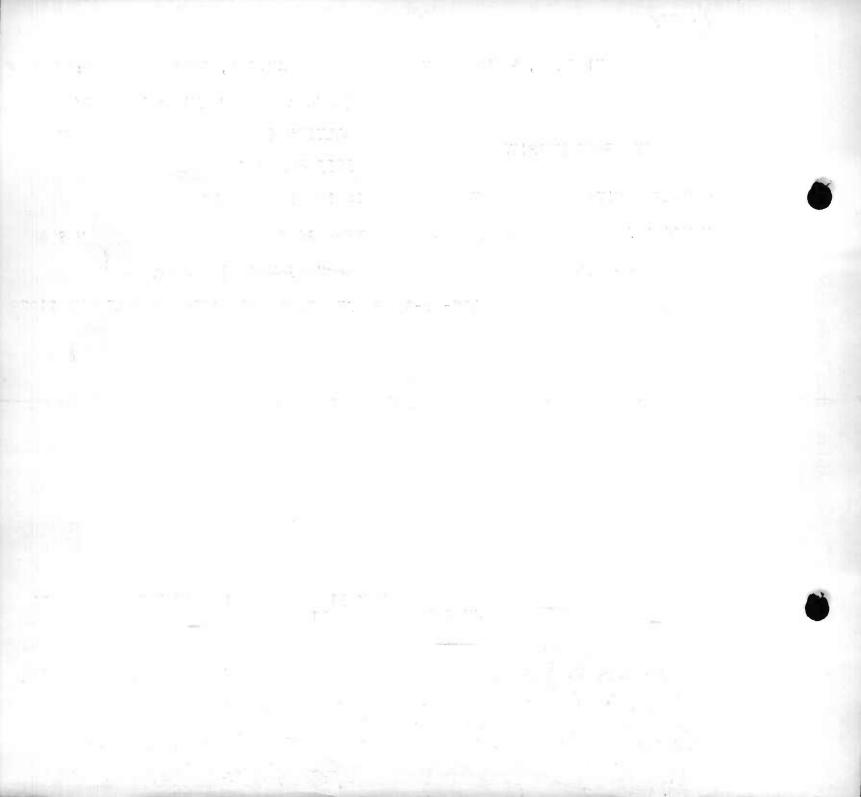
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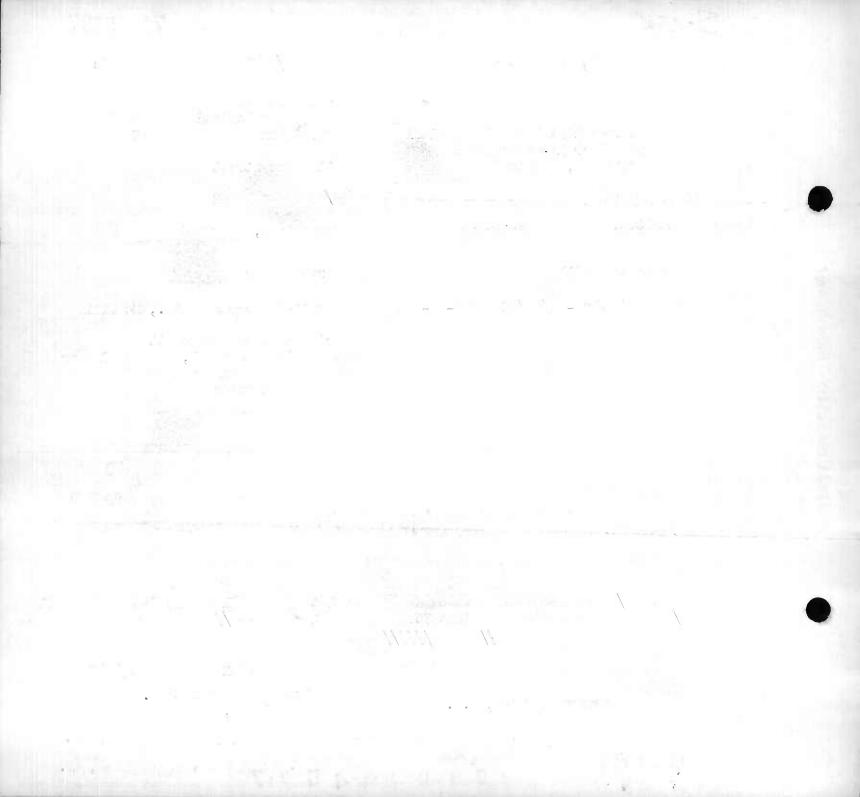
VS 151-REV. 1/1/6B

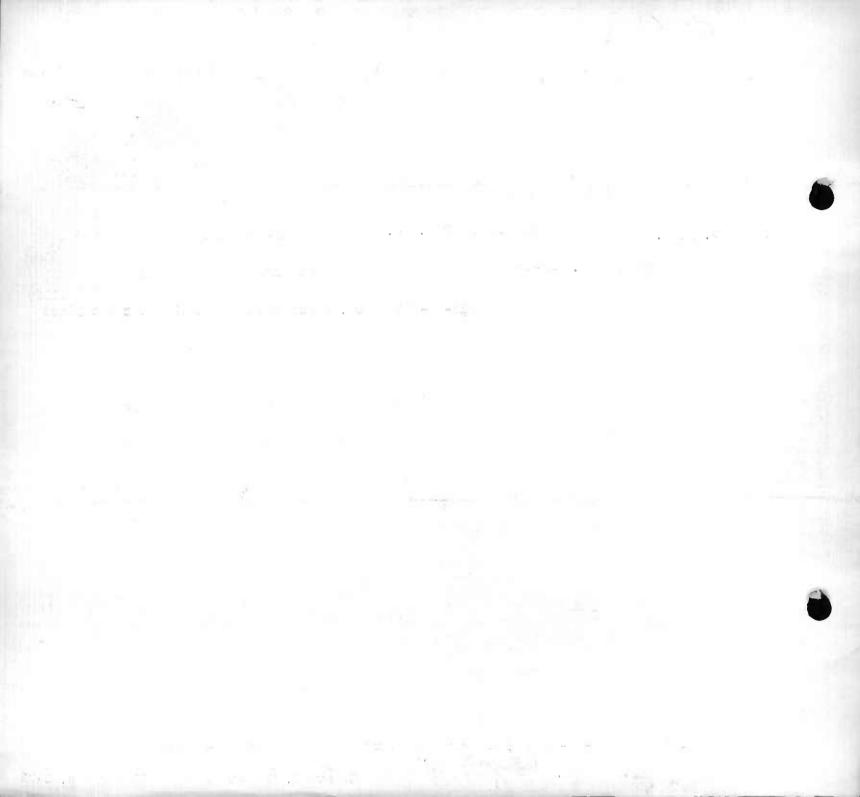
Letter from M.E.'s office 7-14-71 M.H.

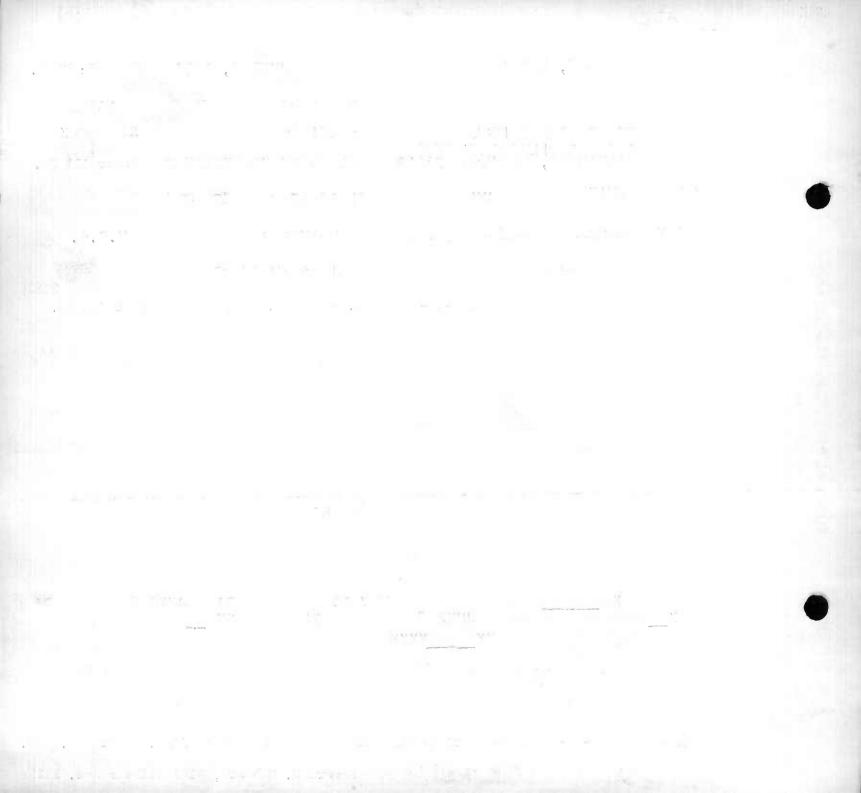
1	1 -nel			BALTIMORE	CITY HEALTH I	DEPARTMENT				
7	7 J J 9	1714 2	00	CERTIFIC	CATE OF	DEATH	REG. NO	Page 1	02	
	NAME OF DEC	EASED	7720					71	2220	
	pe or Print)		ι ΔΜ	JDE MARY		JUN	AND HOUR OF DEAT	н	10.15	D
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_					303	3 FREEW	/A Y			
5, 5	SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE O	8 IRTH	9. AGE (In years	If Unde Months	Doys Hours	24 His.
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	11	1			14. MOINI	EK.2 WAIDEN NA	AME			
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NO	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING	3				I		
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A	DEATH (notify	TING CAUSE OF medical examines	el	ome, form, factory, stree	t office bidg., IN	JURY OCCUR?				
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	22. I certify t	hat (1) (this hospital	attended	the deceased from	MAY 31		19 / 1 ta JU	V - 7	19	71
	that (i) (we)	ast saw the decease	d alive an	JUNE 7	19	71 and t	hat In (my) (our) ap		h accurred an	he date
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	23C. PHYSICIAN NAME (Ty	pel l	1 1		23D. ADDRES	is	. (50	1 . 1	\
	ALL	VIOL H.	Leri	D.M. 45	REE ST	HOND	E) Huao.	12	M STLA	4.
24A	REMOVAL (S	ATION, 248, DATE	24C.	NAME OF CEMETERY OF	CREMATORY	24D.		City, town, o	r county)	Stotel
	13/11/	1/6-11-	7/ 0	Take The	V Miss	coral s	N.	le ,	mel	
25A	DATE REC'D	BY HEALTH DEPT.	258 NAME	OF REGISTRAR	- /	NERAL DIRECTO		10011	ADDRESS	1
1	ILIN TU	MAT RAGE	7 Jack	and ACD.	N	11 11	11/1/11	Lake.	11.5	//



4. 4.	NAME OF DEC	CEASED			O DATE AND	D HOUR DE DEATE	v
(Ty	pe or Print)	SPIDEL, JAME				D HOUR DE DEATH	
3.	PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before ode
HC	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland Cum	berlando. in	SIDE CITY LIMITS?
	1 2 V	eterans Admin			Bakkinwee		YES 🔣 NO 🗌
6	20	3900 Loch Ray		evad	E. STREET AND NUMBER		
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13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	A.E.	
	Clar	ence Spedil			Samah Bloye	r	
15. \ (Yes	Was Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II EICANT CONDITIONS COI H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	any, giving slating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VORTOR TO	(c)	20A. AUTOPSY? (Yes or No)	Creas 208. IF YES, WERE IN CERTIFYING CA	
CAL CERTIFIC	DISEASES (n'se la lhi UN DERLYIN (OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II EICANT CONDITIONS COI H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERE CATC NT WAS UNDERLYING JTING CAUSE OF	any, giving slating the NTRIBUTING HE TERMINAL TO A LONG	(c)	20A. AUTOPSY? (Yes or No) YES	20B. IF YES, WERE IN CERTIFYING CA	YES
DICAL CERTIFIC	DISEASES (n'se lo lhe UN DERLYIN (OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II FICANT CONDITIONS COI ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERE CATC ONT WAS UNDERLYING ITING CAUSE OF medicol exominer)	any, giving slating the stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR TORMED INOMA O (Hour) 21E.	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., in, foctory, street, or, form, foctory, foctory, form, foctory, form, foctory, form, foctory, form,	20A. AUTOPSY? (Yes or No) YES n or obout 21C. WHERE DID MICE bldg., NJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	YES
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II EICANT CONDITIONS COL H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERE CATC NT WAS UNDERLYING UTING CAUSE OF medicol exomines) (Month) (Doy) (Year)	any, giving slating the stating the TERMINAL 1 1 (A). DITION FOR TORMED 100 A	(C)	20A. AUTOPSY? (Yes or No) YES n or obout 21C, WHERE DID Inice bidg., NJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.	YES re City, give exact location)
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II EICANT CONDITIONS COL H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERF CATC NT WAS UNDERLYING TING CAUSE OF medical examines (Month) (Doy) (Year)	any, giving slating the slating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR TORMED IN 10 10 10 10 10 10 10 10 10 10 10 10 10	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., i e, form, foctory, sireet of INJURY OCCURRED The At Work The deceosed from	20A. AUTOPSY? (Yes or No) YES n or obout 21C, WHERE DID Mice bidg, NJURY OCCUR? 21F, HOW DID INJU	208. IF YES, WERE IN CERTIFYING C. (If In Bollimo	YES ore City, give exact location) e 7th 19
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBUTE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (f) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II GCANT CONDITIONS CO. III BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI CATC ONT WAS UNDERLYING UNITED CAUSE OF medicol exomined (Month) (Doy) (Year) that (1) (this hospital last saw the decease	any, giving slating the NTRIBUTING HE TERMINAL IT (A). DITION FOR YOUR OIN OIN OIL CHOOL OIL CHO	(c)	20A. AUTOPSY? (Yes or No) YES n or obout 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING C. (If In Bollimo	YES ore City, give exact location) e 7th 19
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II GICANT CONDITIONS COINTIONS COINTION GIVEN IN PARTICLA TED TO THE LATED	any, giving slating the NTRIBUTING HE TERMINAL IT (A). DITION FOR YOUR OIN OIN OIL CHOOL OIL CHO	(c)	20A. AUTOPSY? (Yes or No) YES n or obout 21C, WHERE DID Mice bidg, NJURY OCCUR? 21F, HOW DID INJU	208. IF YES, WERE IN CERTIFYING C. (If In Bollimo	YES ore City, give exact location) e 7th 19
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBUTE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (f) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II GICANT CONDITIONS COINTIONS COINTION GIVEN IN PARTICLA TED TO THE LATED	any, giving slating the NTRIBUTING HE TERMINAL IT (A). DITION FOR YOUR OIN OIN OIL CHOOL OIL CHO	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., i e., form, foctory, street of the street of th	20A. AUTOPSY? (Yes or No) YES n or obout 21C. WHERE DID flice bidg., INJURY OCCUR? 21F. HOW DID INJU MAY 26th 1 19 71 and the	208. IF YES, WERE IN CERTIFYING C. (If In Bollimo	YES ore City, give exact location) e 7th 19 Inion death accurred an el
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II EICANT CONDITIONS CO. H BUT NOT RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO RELATED TO II ONDITION GIVEN IN PAR OPERATION TO II ONDITION TO	any, giving slating the NTRIBUTING HE TERMINAL IT (A). DITION FOR YOUR OIN OIN OIL CHOOL OIL CHO	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., i e.g., i orn., foctory, street, of injury occurred with the deceased fram. June 7th (We) (did) (did) (of)	20A. AUTOPSY? (Yes or No) YES n or obout 21C. WHERE DID Hice bldg., INJURY OCCUR? 21F. HOW DID INJU May 26th 19 71 ond the riew the body ofter death.	208. IF YES, WERE IN CERTIFYING C. (If In Bollimo	YES ore City, give exact location) e 7th 19
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDER OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (f) (we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. ILCANT CONDITIONS CO. IH BUT NOT RELATED TO II ONDITION GIVEN IN PAR OPERATION IN PAR OPERATION WAS PERF (CATC NT WAS UNDERLYING ITING CAUSE OF medical examines) (Month) (Day) (Year) that (1) (this hospital last saw the decease of from the causes stot IRE	any, giving slating the NTRIBUTING HE TERMINAL IT I (A). DITION FOR VITO IN CORNED CITO IN CORNE	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., i e.g., i orn., foctory, street, of injury occurred like At Not White At Work At Work We deceased from	20A. AUTOPSY? (Yes or No) YES n or obout 21C. WHERE DID Mice bidg., INJURY OCCUR? 21F. HOW DID INJU May 26th 1 19 71 and the rlew the body ofter death.	20B. IF YES, WERE IN CERTIFYING CA	YES ore City, give exact location) e 7th 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that () (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. CICANT CONDITION S CO. IT BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. COM WAS PERE CATC NT WAS UNDERLYING JUTING CAUSE OF medicol exomines) (Month) (Doy) (Year) that (1) (this hospital last saw the decease d from the causes stat URE UNITS WARGUEUTE T	any, giving slating the stating the NTRIBUTING HE TERMINAL IT (A). DITION FOR FORMED inoma o	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., i e., form, foctory, street of the property of the property of the property of the deceased from	20A. AUTOPSY? (Yes or No) YES n or obout 21C, WHERE DID flice bldg. NJURY OCCUR? 21F. HOW DID INJU May 26th 1 19 71 and the rlew the body ofter death. Inding Med. Director 3 3900 Lo	208. IF YES, WERE IN CERTIFYING C. (if In Bollimo RY OCCUR? 9 71 to June t in (hy) (our) op Shoff X ch Raven B	YES ore City, give exact location) e. 7th 19. Inion death accurred an ill 238, DATE SIGNED 6/8/71
MEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that () (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. ILCANT CONDITIONS CO. IH BUT NOT RELATED TO II ONDITION GIVEN IN PAR OPERATION IN PAR OPERATION WAS PERF (CATC NT WAS UNDERLYING ITING CAUSE OF medical examines) (Month) (Day) (Year) that (1) (this hospital last saw the decease of from the causes stot IRE	any, giving slating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VIOLEN (Hour) 21E. Why wo of the doller and electron of the d	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., i e. form, fociory, sireet of INJURY OCCURED At Work The deceosed fram June 7th Y (We) (did) fd/d/yof/ M. D. DEGREE ME of CEMETERY of CRI	20A. AUTOPSY? (Yes or No) YES n or obout 21C. WHERE DID lifice bidg. INJURY OCCUR? 21F. HOW DID INJU May 26th 1 19 71 and tha riew the body ofter death. 23D. ADDRESS 3900 Log Baltime EMATORY 24D. Log	208. IF YES, WERE IN CERTIFYING CALL (If In Bollimo RY OCCUR? 9 71 to June t in (Ay) (our) op Shoff X ch Raven Biore, Maryla Cation (C	YES ore City, give exact location) e 7th 19. Inion death accurred an ill 238 DATE SIGNED 6/8/71 lvd. and 21218 ity, town, or county) (S
WEDICAL CERTIFIC	DISEASES (nise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that () (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. II EICANT CONDITIONS COL H BUT NOT RELATED TO THE BUT NOT RELATE	any, giving slating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VIOLEN (Hour) 21E. Why wo of the doller and electron of the d	WHICH OPERATION f esophagus PLACE OF INJURY (e.g., i e. form, foclory, sireet of INJURY OCCURED At Work The deceosed fram June 7th (We) (did) fd/d/po// M.D. DEGREE AME of CEMETERY or CRI Fillcrest Bur	20A. AUTOPSY? (Yes or No) YES n or obout 21C. WHERE DID Hice bldg. INJURY OCCUR? 21F. HOW DID INJU May 26th 19 71 ond the riew the body ofter death. 23D. ADDRESS 3900 Log Baltime EMATORY 24D. Log Cial Park Cum	208. IF YES, WERE IN CERTIFYING CALLED TO THE INCENTIFYING CALLED TO THE INCENTIFY (our) op the incentification (our) op the inc	YES ore City, give exact location) e. 7th 19. Inion death accurred an ill 238, DATE SIGNED 6/8/71







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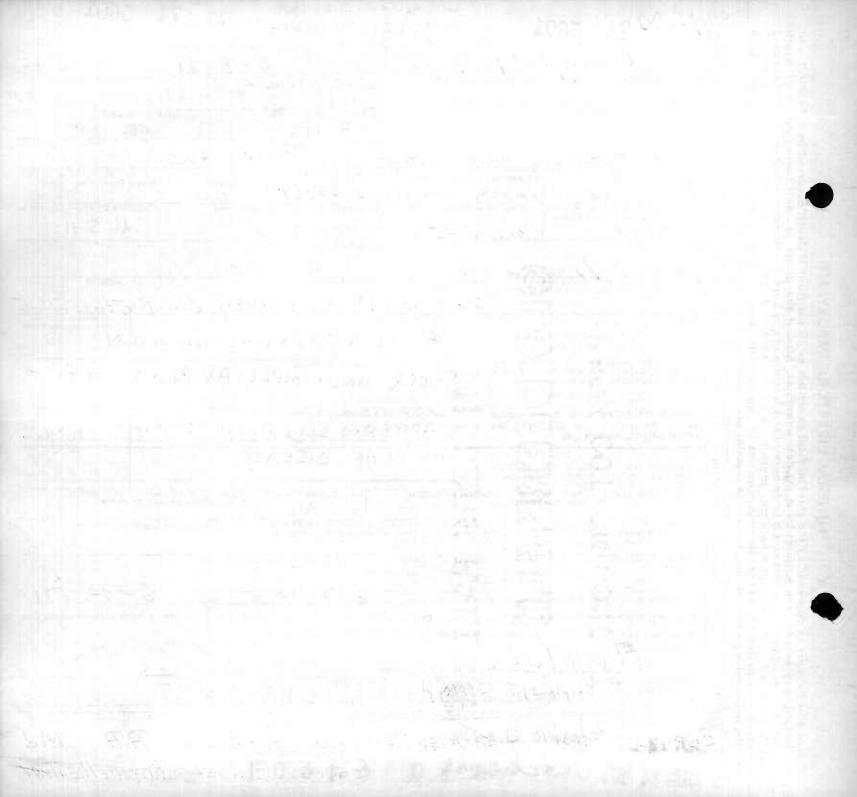
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M (2)	BALTIMORE CITY	HEALTH DEPARTMENT	71. 5601
FIRTH NO. 71 5603	CERTIFICA	TE OF DEATH REG. NO.	, 2 0.09
I. NAME OF DECEASED Elsie V.	Murray	2. DATE AND HOUR OF DEA	TH O
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	U - 7 - 7	1 9.15/+M
	RONOUNCED DEAD	A. STATE B. COUNTY	institution; lesidence befole admission)
FULL NAME OF UF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Mid. AAN	320
NSTITUTION		C. CITY OR TOWN D. II	VES A NO
43	, 11	E, STREET AND NUMBER	TES [2] NO [
South Bultimore	General Hosp	305 SIXTH AVE	2
	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years lost birthday)	If Under 1 Yt. If Under 24 Hrs. Months! Days Hours Min.
	OWED DIVORCED	12-25-08 62	770
OA USUAL OCCUPATION (Give kind of work 10 B, KI one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	NISWIFE	Maryland	U-SA.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Samuel Thom	aran	Julia Lizen	
5. Was Deceased Ever in U. S. Armed Forces?/Yas, no or unknown! (If yes, give war or dates of se	rvice) SECURITY NO.	17. INFORMANT	ADDRESS
, , , , , , , , , , , , , , , , , , ,	212-30-6570	DENNISW MURRRY 30	25 W 6thAVE 2122
18. 4/10, 4	CAUSE OF DEATH	H CONTRACTOR	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	ACUT	E MYOCARDIAL INF	BETWEEN ONSET AND DEATH
LEADING TO DEATH	/A\IMMEDIATE CAU	SE	AKCHPIY
(This does not mean the mode of dying, heart failure, authenia, etc. It means the di	sease, OLLA OLLA	AND COMPLETEAU P	LOCK Shows
injury or complication which caused death.	SHOCK.	HND COMPECIENT	Scott.
ANTECEDENT CAUSES	(8)	A CONSEQUENCE OF:	······
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE 10, OK AS	ERIO SCLEROTIC-C	ARDIN-
UNDERLYING CONDITION last	(c) // /	RIO SCUEROJICI C	10 Har
	VASCUL	AR BISEASE.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	UNAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A AUTOPSYT (Yes or No.) 20B, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	0	No . IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21& PLACE OF INJURY (e.g., inhome, form, factory, street, of	n or about 21C WHERE DID (If in Boltin Rice bidg., INJURY OCCUR?	nore City, give exact lacation)
210-TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Work	•□_	
22. I certify that (1) (this hospital) atter		6-7-7/19 10	6-7-1071
that (1) (we) last saw the deceased ally			pinian death accurred an the dat
and hour and from the causes stoted abo			
23A. SIGNATURE	ô l		23B, DATE SIGNED
Localing	M.B. 138, Atto	nding Med. Staff Phys.	6-7-71
23C. PHYSICIAMS A HAR 11	DEOREE	23D. ADDRESS	
HAME TYPES	>11491	3001 S. HANOVERS	5/-
AA. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, ar county) (State)
Busines and colors of a	STEPHAVEN ME	M. PARK GLENBURNIE	A.A. Md
25A 23 VIEW NEETS BY HEALTH DEPT. 25B. N		25C. FUNERAL DIRECTOR	ADDRESS
	Carlina Man ()	BEURGEUGUNCE40	0 //



D 502 BALTIMORE CITY HEALTH DEPARTMENT X	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 5602
DIAMETER.	
1. NAME OF DECEASED (Type or Print) JANET PERRONE 2. DATE Known Month Day OF Estimated D	Year Haur
JANET PERKUNE DEATH DEATH Estimated 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD 6 1	1971 9:05 p M
5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE Md. B. COUNTY	residence befare admission)
O 5500 Grenteat Rd.	5 L 6 6
MARKIED INEVER MARKIED	s 🖾 NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	SU NOU
APRIL 23/954 last birthday) Manths Days Haurs Min. 302 Seward Ave.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	
LARROLL IV	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during master working life, even if retired) TUDENT CECELIA LOWERY	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 18. INFORMANT AD	DRESS
(Yes, no arunknown) (If yes, give war ar dates of service) SECURITY NO. SECURITY NO. SECURITY NO.	EWARDADE
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Gunshot wound of head	STITLEN ONSET AND BEATT
LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, osthenia, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact hame, form, factory, street, office bldg., etc.) INJURY OCCUR? UNKNOWN UNKNOWN	t location)
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
(APPROX.) Unknown m. WHILE AT WORK Unknown	
23. I certify that I held on Inquiry Inspection Autopsy May and that on this basis, death in my c	pinion
resulted from: Notoral causes Accident Suicide Homicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S Teidore Mihalakie M. D. ASSOCIATE MEDICAL EXAMINER	6/3/71
The control of the co	or county) (State)
REMOVAL (Specify)	of coomy) (side)
25A. DATE REC'D BY HEALTH DEPT. O C. 228 PNAME OF REGISTRAR 25C. FUNERAL DIRECTOR AL	TY HT MA
THE PARTY OF THE P	was the way
VS 151-REV. 1/1/68 / 5 5 5 7 1 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HITTICHMINY

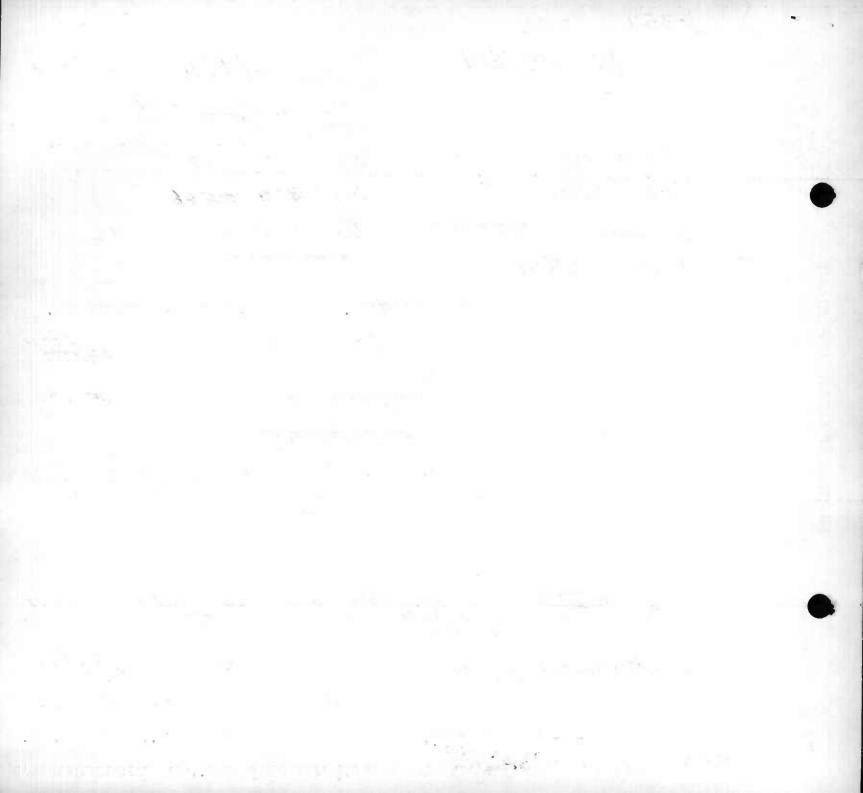
APRESUMAN Charlone (V) STYDEM WITH CECELM PERSON THE SHOWER ALL

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Wallimore CI	TY HEALTH DEPARTMENT
74 5603 CERTIFIC	ATE OF DEATH REG. NO. 1616
BIKIT NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
MANUEL YOLANS	6-10-11 t. AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
100	BALTILLONE YES NO
SINAI HOSPITAL BAL	12 STREET AND NUMBER TO S911 BLAND AUE
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Ye. If Under 24 Hrs. Months; Days; Hours; Min.
MALE WHITE WIDOWED DIVORCED	MARCH 15, 1925 46
IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PROPRIETOR TAVERN	BALTIMORE, MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MAX POLANSKY	FANNIE ?
5. Was Decembed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
YES W.W. II	MRS, SHIRLEY POLANSKY, 5911 BLAND AVE.
118, // / CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	A SETWEEN ONSET AND DEATH
LEADING TO DEATH	The Land of the land of
(This does not mean the mode of dying, e.g.,	AUSE CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease,	District on the aut &
Injury of complication which caused death.)	+ mining eder server
ANTECEDENT CAUSES	I ensive card our usto years
DISEASES OR CONDITIONS, If any, giving DUE TO. POR	AS A CONSEQUENCE OF CO. 1 & A COL 1-1 & 1
rise to the above cause (A) stating the UNDERLYING CONDITION last.	chronic cone pot us fait
CHOEKEING CONDINON IGSE	e si con la constante de la co
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PORTE	1.1 Severel Severel
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	adesona with reglocalison were
▼ [DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPST? (Fes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	, in or obout 21 C. WHERE DID (II In Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, factory, street, etc.)	office bidge INJURY OCCURY
0	DIS NOW BID INVESTIGATION
S OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.)	** **
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22. I certify that (I) (this hospital) attended the degeased from	196 10 May 19 /
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive an had all	O 19 7 and that in (my) (our) opinion death accurred an the date
	O 19 / and that In(my) (our) opinion death accurred an the date
that (1) (we) last saw the deceased alive an had	O 19 / and that In(my) (our) opinion death accurred an the date
and hour and from the causes stated phone. (1) (We) (did) (did not) 23A. SIGNATURE	O 19 and that In(my) (our) opinion death accurred an the date) view the body after death. 238. DATE SIGNED
and hour and from the causes stated photo. (1) (We) (did) (did not) 23A. SIGNATURE DEGREE P	O 19 and that In(my) (our) opinion death accurred an the date) view the body after death. 238. DATE SIGNED
and hour and from the causes stated phoye. (1) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	O 19 7 and that In(my) (our) opinion death accurred an the date view the body after death. Stoff Director Phys. C 6 7 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
and hour and from the causes stated place. (1) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) P 24A. BURIAL CREMATION. 24B. DATE 124C. NAME (I CEMETERY or C	19 7 and that In(my) (our) opinion death accurred an the date view the body after death. Aftending Med. Director Phys. C 6/07 23B. DATE SIGNED Company of the date of the
and hour and from the causes stated obote. (1) (We) (did) (did not) 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or C	O 19 7 and that In(my) (our) opinion death accurred an the date view the body after death. Attending Med. Director Phys. C 6 0 7 23B. DATE SIGNED (Stending Director Phys. C 6 0 7 23D. ADDRESS TY / DA / K / H / G L T S Rul B / J rule CREMATORY 24D. LOCATION (City, lays, of county) (Stole)
and hour and from the causes stated above. (1) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24R. DATE BURIAL 24C. NAME of CEMETERY or CEMETERY OF CEME	O 19 7 and that In(my) (our) opinion death accurred an the date view the body after death. Attending Med. Director Phys. C 6 9 23B. DATE SIGNED Company County County (Stole) ANSHE SFARD ROSEDALE, MARYLAND
and hour and from the causes stated phoye. (I) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	O 19 7 and that In(my) (our) opinion death accurred an the date view the body after death. Attending Med. Staff Director Phys. C 6 0 7 23B. DATE SIGNED (Attending Director Phys. C 6 0 7 23D. ADDRESS STY / SPA / Klarg Lat & Ball January CREMATORY 24D. LOCATION (City, lays, g/county) (Stole)

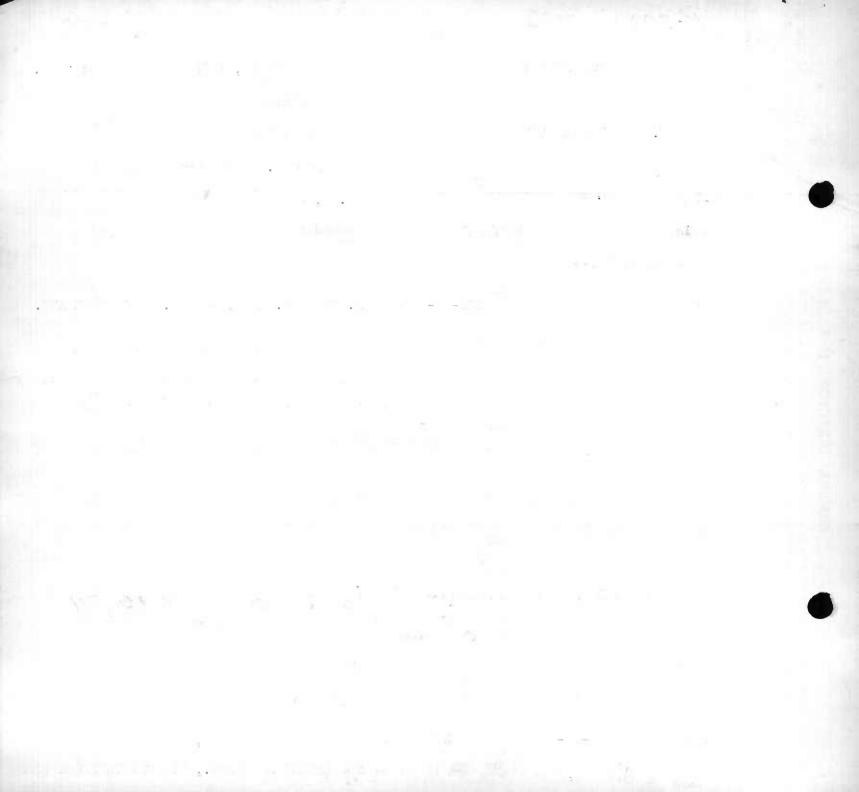
Hypother and of the state of th Samproshan your marge party ory O engles Expray H. Rahayar Stricker Hay 15 Par 15 Par

BU	3-350 71 5601		HEALTH DEPARTMENT	X REG. NO. 71	5604
1.1	NAME OF DECEASED / A THAN-ST	EIN	2. DATE AND	HOUR OF DEATH	5-42
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived, If institution	n: residence before odmission)
FU HC IN	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MA. STATE B. COUNTY	MONT GOMESON SVILLE D. INSIDE CIT	6500 Y LIMITS?
1/4	ONTEBELLO STATE HO	SPITAL		7401 NEW HAMPS	
5.		NEVER MARRIED			nder 1 Yr. , Il Under 24 Hrs.
100	MALE WIDON	VED DIVORCED	NOV 9 190410	ME 66	hs Doys Hours Min.
dor	USUAL OCCUPATION (Give kind of work 10B, KIN) de during most of working life, even if retired)		741	· ' ' '	TIZEN OF WHAT COUNTRY?
) MUD SMININ	IES SHOES	BALTIMORE,	MD.	45
13.	FATHER'S NAME ELLIS STEIN		GOLDIE ROSENF		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates af servi		17. INFORMANT		ADDRESS
	NO	518-10-4977	MRS. ETHEL STEIN	, 7401 NEW HAM	PSHIRE AVE.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Spo VAS Curas		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, osthenio, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
1	ANTECEDENT CAUSES	(B) Hyl	CRIENSION		15 /5 yea
	DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating UNDERLYING CONDITION last.	ring DUE TO, OR AS	A CONSEQUENCE OF:		
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTII TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG CEREBIA	OVASCULAR AC	CINENTS (PRIOR)	10 years 5 ½ years
CERTIFICATIO	19A-DATE OF OPERATION 19B- CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
1.0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(Il In Boltimore City,	give exoct locotion)
MEDICAL	21D.TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJUR	Y OCCUR?	
	22. I certify that (1) (this hospital) attende	d the deceased from	DEC 20 19	65 to 6/9	19_7/_
	that (I) we lost saw the deceased office (6/9/7/	19ond that	In (my) (our) apinion de	eath accurred on the date
	and hour and from the couses stated abave	. ((1) (We) (did) (did not) v	lew the body after death.		
	23A. SIGNATURE				ATE SIGNED
	Remeth Marshall, J	DEGREE Phys	nding Med. Sk Director Ph	off ys.	6/9/71
	23°C. PHYSICIAN'S NAME (Type)		MONTEBE	LLO. STATE	405PITAZ
24A	RUDIAL 6-10-71	DEGREE CNAME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, town	GALTIM ORE, MD.
L	JUN 14 1971 VABLE E JAC	e of registrar	25C. FUNERAL DIRECTOR		ADDRESS EISTERSTOWN ROAD
VS	150-REV. 1/1/68			***************************************	

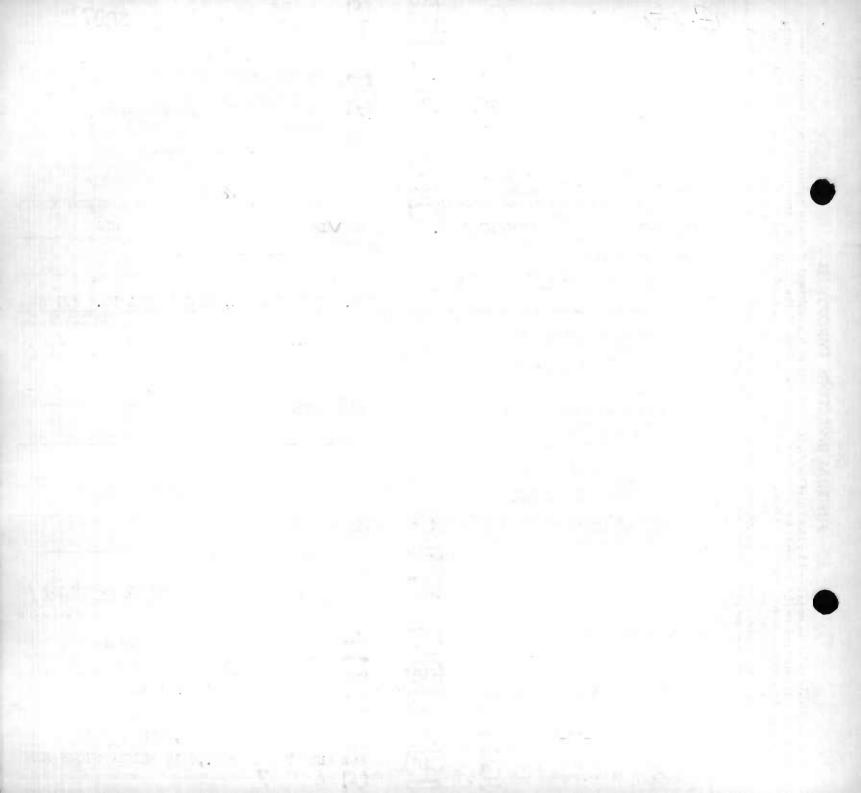


4.42	2 71 560	3		HEALTH DEPARTMENT	X REG. NO.	71 5005
BIRTH NO.	DECEASED		CERTIFICA	TE OF DEATH		7000
(Type or Print)	Nathan Kalana	My HOLZ	ZSWEIG	2. DATE	AND HOUR OF DEATH	0 50 5
3. PLACE IN I	ALTIMORE, MARYLAND, WHE	RE PRONOUN	CED DEAD	4. USUAL RESIDENCE IW A. STATE B. CO	here deceased lived. If in	nstitution: residence before odmissi
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPITAL ADDRESS OR LOCATIO	OR INSTITUTE	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	Balto.	IDE CITY LIMITS?
a M				BALTIMORE		YES NO
31	Mercy Hospit	tal, Ind	c.	e. STREET AND NUMBER 2304 GERA	DD COUDT #2	21209
SEX	6. RACE 7.		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye, if Under 24 H
Male	Murre M	/IDOWED	DIVORCED	4/25/01	lost birthday)	Months Doys Hours Min.
OA, USUAL OC	CUPATION (Give kind of work 108 of working life, even if retired)	KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUN
RET	TAIL	MERCH	IANT	BALTIMORE, M.	ARYLAND	USA
3. FATHER'S N	AME			14. MOTHER'S MAIDEN N	AME	
	SAMUEL HOLZSWEIG			ROSE ?		
es, no or unknow	ed Ever in U. S. Armed Forces? wn) (If yes, give wor or dates of	service) 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			17-26-3193	MRS. IDA HOLZ	SWEIG, 2304 G	GERARD COURT #212
18. / 9	281		CAUSE OF DEATH			APPROXIMATE INTERVA
DÍSE	ASE OR CONDITION DIRECT	TLY .	An.	tastatic C	A 1 C	BETWEEN ONSET AND DEA
(This does	not mean the made of dvi	ng. e.g.,	(A)IMMEDIATE CAU	3E	ac ano ma	
heart failur	e, asthenia, etc. It means the amplication which caused dea	disease,	DUE 10, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	11101	(avce	nome of	Luce	
DISEASES	OR CONDITIONS, if any,	aivina	(B)	A CONSEQUENCE OF		
rise la	the above cause (A) sta NG CONDITION last,	ting the		TO THE COLLEGE OF THE		
ONDERCH	14		(c)	*******************************		
E I IO THE DE	II IFICANT CONDITIONS CONTRI ATH BUT NOT RELATED TO THE TE CONDITION GIVEN IN PART 1	RMINAL	ltypes le	nsin , l	Pehydration	
19A. DATE	OF OPERATION 198 CONDITION WAS PERFORM	ON FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or)	10) 208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF Medicol examiner	21B, PLA home, f	ACE OF INJURY le.g., in form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimere	e City, give exoct lecotion)
21 D. TIME OF INJURY	(Month) (Day) (Year) (H.	oud 21E INJ	IURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While A	Not While			
22. I certif	y that (1) (this hospital) at	tended the d		5/19	19 7/ to 6	110 10 71
	e) last saw the deceased al		6/10	19 2 / and t		nion death occurred an the do
1	nd from the causes stated o		(e) (did) (did not) vi			warm occurred an ine do
23A. SIGNAT	TURE //		8			23B, DATE SIGNED
	rgina Mya	ies l	UD . DEGREE Phys.	ding Med.	Staff Phys.	6/10/71
23C. PHYSIC	IAN'S (Type)		DEGREE	D. ADDRESS		10/10/11
GEOI	RGINA MIJ	ARES	MD.	Mercy 1tos	hital -	House State
A. BURIAL CE	REMATION, 248, DATE		of CEMETERY OF CREA	MATORY / 24D.	LOCATION (Cit	y, town, or county) Stole)
BURIA		MIKRO	KODESH		BALTIMORE, M	MARYLAND
SA. DATE REC		NAME OF R		25C. FUNERAL DIRECTO	R	ADDRESS
UN 1	A 1971 Page 8	Marke.	MA	SOL LEVINSON	& BROS.,6010	REISTERSTOWN ROA
150-REV. 1/1	/68	6		1 0 0 0	(2)	

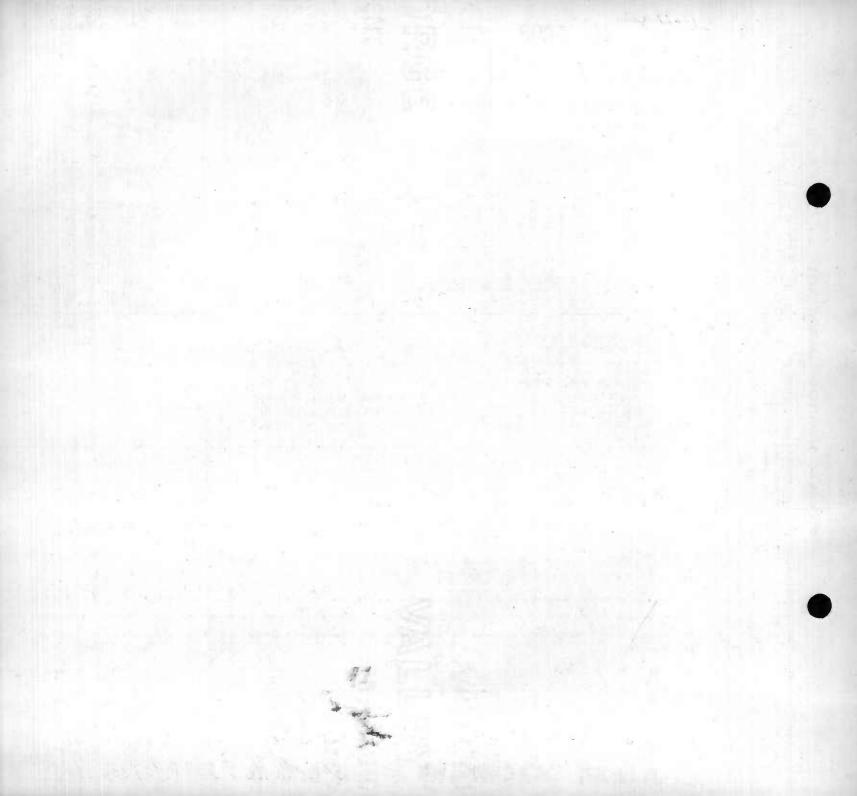
R-30071 5606	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 5606
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	1
ABRAHAM ROTH		JUNE	10, 1971	6:40 P. A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT		4. USUAL RESIDENCE (Wh A. STATE B. COU MARYALNI	NTY	institution: residence before admission
HOSPITAL OR ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
3404 W. STRATHMORE AVENUE		BALTIMOR	Œ	YES NO
00			STRATHMORE	
5. SEX 6. RACE 7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yt. If Under 24 Hrs.
MALE WHITE WIDOWED	DIVORCED _	JAN. 1, 1906	lost birthdoyl 65	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF Bidone during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or lor	eign country)	12. CITIZEN OF WHAT COUNTRY
RETAIL MERCHA	NT	ROMANIA		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
MOSES RAUCHWERGER		MIRIAM	?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	16-32-6944	MRS. IRENE B. F	OTH, 3404 W	. STRATHMORE AVE.
18. 4/2	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ca. 0	in the second	by Dago	0
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	SE Pagua	575	
heart failure, asthenia, etc. It means the disease.	DUE TO, OR AS	A CONSEQUENCE OF	B. Olm	cale Acades
injury as camplication which caused death.)	mes	sing cere	out our	~ .
ANTECEDENT CAUSES	(B) H= 12	stensing-	-aux (ONA
DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	0	-m
UNDERLYING CONDITION last	(c) Ge_	Certeur	relea	9
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				1
▼ [DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	*****************************		***************************************
198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
O 27A ACCIDENT WAS UNDERLYING 21B, PL 1	ACE OF INJURY (e.g., i farm, foctory, street, al	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(if in Boltimo	re City, give exact location)
= OF INJURY	IJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX) While Work	At Work			1 1 1
22. I certify that (i) (this haspital) attended the	deceased from	6/5/5	10ta	0/10/7/19
that (1) (we) last saw the deceased alive an	6/10/			Inlan death accurred an the date
and have and from the causes stated above. (1) ((dld) (1000) v	lew the bady after death.		
23A-SIGNATURE Couloud Colpe	Atte Phys	nding Med.	Staff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE	23 D. ADDRESS		_1
WILLARD APPLEFE		6615 RÉISTER	RSTOWN ROAD	
24A- BURIAL CREMATION, 24B, DATE 24C.NAM REMOVAL (Specily)	E of CEMETERY of CRE	MATORY 24D. L	OCATION (C	ity, town, or county) (State)
	EW K FRIENDS	SHIP BA	ALTIMORE, MA	RYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
11 1 1971 Robert E. Jaken	THE U O	SOL LEVINSON	G BRUS.,601	O REISTERSTOWN ROAL
√2 13 0- MC√3 1/1/®6				



0,0	BALTIMORE CITY	HEALTH DEPARTMENT	=007
65-65/ BIRTH NO. 71 5607	CERTIFICA	TE OF DEATH A	EG. NO. 71 56116
I. NAME OF DECEASED (Type of Print)	ULLDTOC	2. DATE AND HOUR	1 - 10 - 1 - 1 - 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	UNDERG	ILA USUAL RESIDENCE (Where decense	ed lived. If institutions residence before admission)
TEACE IN BALIMORG MARIEARD, WHERE FRO	MOUNCED DEAD	A. STATE B. COUNTY	1 to the second
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION).	STITUTION, GIVE STREET	MARYLAND B	ID. INSIDE CITY LIMITS?
ASTITUTION SINAL HOSPITO	COS 19ACI [AG	BALTIMORE	YES NO
4) greenspring	at Belveder	E. STREET AND NUMBER	1.50
12 1		4202 LOWELL DRI	VE #21208
male Whole Wide. MARR WIDOW	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (I lost birthd	
A. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country	12 CITIZEN OF WHAT COUNTRY
ene during most of working life, even if refired) EMPLOYEE PEAB	ODY CONS.	ROMANIA	USA
FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
DAVID GRUNBERG		OTTILIA	?
. Wes Deceased Ever in U. S. Armed Forces? es, no or unknown)[lif yes, give war or dates of servi	16. SOCIAL	17. INFORMANT	ADDRESS
NO	security No.	MRS. ROSE GRUNBERG,	4202 LOWELL DR. #21208
18, 44 /0:0	CAUSE OF DEAT	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0.11	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		dial 10 days
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:	arction.
injury or complication which caused death.)		= 0 (/	1 1 yours
ANTECEDENT CAUSES	(8)	45000, Replect	Leuseon 13 f
DISEASES OR CONDITIONS, if any, given is a the above cause (A) stating		A CONSEQUENCE OF:	
UNDERLYING CONDITION lest.	(c)		
II .			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL		
O THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 1	OR WHICH OPERATION	20A. AUTOPSYT (Yes of No.) 20B. IP	YES, WERE PINDINGS CONSIDERED
TA TELEVINIE			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B PLACE OF INJURY (e.g., home, farm, factory, street, o etc.)	n or obout 21 C. WHERE DID	(If In Baltimore City, give exact location)
AR	21E INJURY OCCURRED	21F. HOW DID INJURY OCC	CU R?
(APPROX)	While At Work At Work		
22. I certify that (i) (this hospital) attend	ed the deceased from	June 9 1971	to June 10 1911
that (1) (we) last saw the deceased alive	T 10	19 71 and that In (my	(our) opinion death occurred on the dat
ond hour and from the causes stated abov	U	<i>u</i> 1	
23A. SIGNATURE 0			23B, DATE SIGNED
Harumi Sada	Dhy	nding Med. 5taff No. Director Phys.	Fune 10, 199
23C. PHYSICIANS HARUM SA	PAMOTO ME	23D. ADDRESS	I REaltwood, nd
4A. BURIAL CREMATION, 248. DATE 24	DEGREE C. NAME of CEMETERY of CR		(City, town, or county) (State)
BURIAL 6-11-71	NEW HAR SINAI	REISTER	STOWN, KOAN MARYLAND
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS - ADDRESS
HIN 1 a NOTAL OLD TO S	TO THE	SOL LEVINSON & BROS	S.,6010 REISTERSTOWN ROAL
THE PARTY OF THE P			

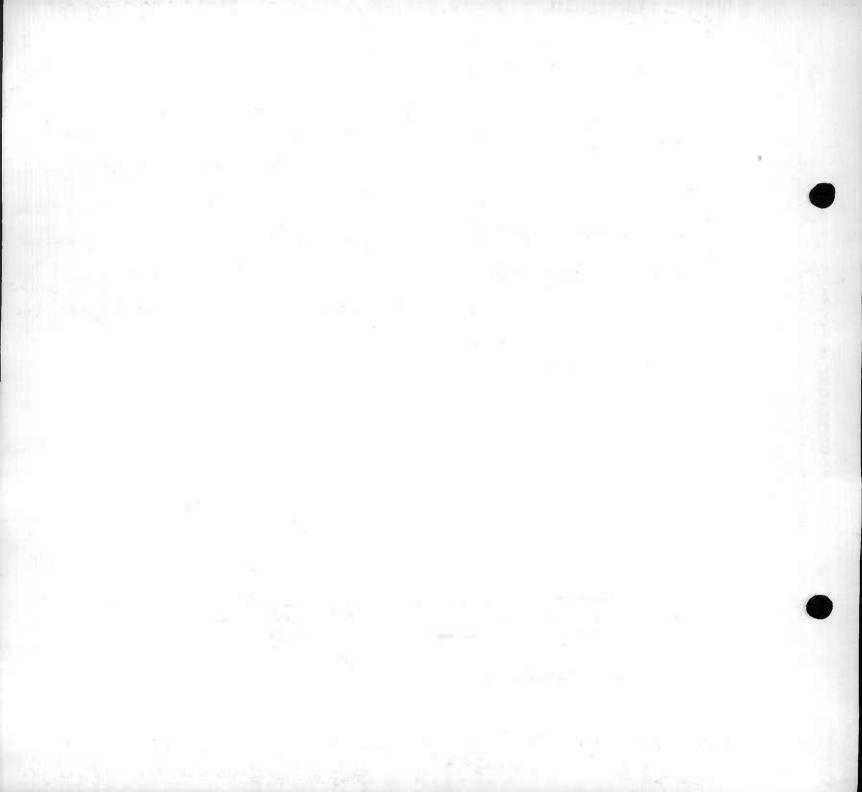


BALTIMORE CITY HEALTH DEPARTMENT

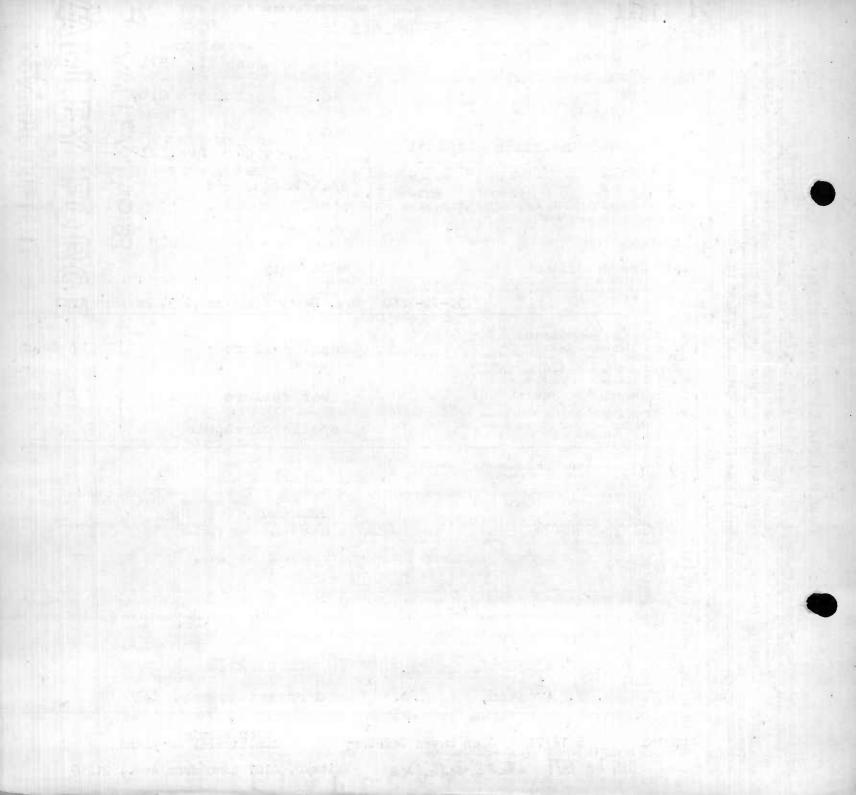


1. N	NAME OF DECE	ASED	609 CERTIFICA	2. DATE AND HOU	
-		s J. Ottili		June 10, 1	
3.	PLACE IN BALTI	MORE MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE & COUNTY	sed lived. If institutions residence before admission
FU	ILL NAME OF OSMITAL OR STITUTION	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	Md.	2607
IN:	Jenkins N	demorial Hos		Baltimore City	D. INSIDE CITY LIMITS? YES X NO
1	1000 Cato	on Avenue	-	E. STREET AND NUMBER	
		e, Maryland	21229	810 S. Fagley St.	21224
	emale	W W	7. MARRIED NEVER MARRIED MUDOWED DIVORCED	5/10/1903 (1881/6/87)	day) Months Doys Hours Min
10A	ookkeepe	PATION (Give kind of wo orking life, even if retired)	Va. Dare Candy Co.	11. BIRTHPLACE Stote or loreign count Baltimore, Md.	U.S.A.
	John J.			14. MOTHER'S MAIDEN NAME Catherine Zech	
15, \ (Yes	Was Deceased E s, no or unknown) I NO	iver in U. S. Armed Fo	les of service) 16. SOCIAL SECURITY NO. 210-01-5202	17. In Jenkihs Memorial	Hospital ADDRESS 21 Caton Ave.Balto.,Md.
	DISEASES OR	CONDITIONS, If	any, giving DUE TO, OR A	MIONELONATE	conart year
NOI	DISEASES OR rise to the UNDERLYING	CONDITIONS, if abave cause (A) CONDITION last.	any, giving Stating the (C).	SA CONSEQUENCE OF:	con art year
AT	DISEASES OR rise In the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	conditions, if abave cause (A) CONDITION last. II CANT CONDITIONS CORUT NOT RELATED TO MOTE NOT RELATED TO MOTE NOT	any, giving stating the (C). ONTRIBUTING THE TERMINAL	Ceter Melli	F YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
AL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT	conditions, if abave cause (A) CONDITION last. II CANT CONDITIONS CORUT NOT RELATED TO MOTE NOT RELATED TO MOTE NOT	ony, giving stating the CC) ONTRIBUTING THE TERMINAL RT 1 [A]. NOTION FOR WHICH OPERATION REORMED 121B. PLACE OF INJURY (e.g.,	Ceter Melli	
MEDICAL CERTIFICATI	DISEASES OR rise in the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19-A DATE OF CO 21-A ACCIDENT OR CONTRIBUTE DEATH (notify in	CONDITIONS, if above cause (A) CONDITION last. ANT CONDITIONS COMPLETED TO NOTION GIVEN IN PA OPERATION 198. CON WAS PER WAS UNDERLYING ING CAUSE OF	ony, giving stating the (C). ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g., blame, farm, lociory, street, etc.)	20A. AUTOPSY? IYes or No. 20B. IF IN CE. III Or obout 21C. WHERE DID office bldg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH? (Il in Boltimore City, give exect location)
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A DATE OF CONTRIBUT DEATH (notify in 21D-TIME (APPROX.) 22. Legettfy to	CONDITIONS, if abave cause (A) CONDITION last. ILL. CANT CONDITIONS CO. BUT NOT RELATED TO: NAS PEI WAS UNDERLYING ING CAUSE OF Inedicol exomined Manth) (Doy) (Year) That (1) (this hospital	ONTRIBUTING THE TERMINAL RT 1 (A). ONTRIBUTION FOR WHICH OPERATION PROPRIED 21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Wh Work Not Wh	20A. AUTOPSY? IYES OF NO. 20B. IF IN CE. III OF OBOUT 21 C. WHERE DID office bidg., INJURY OCCUR?	FYES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH? (Il in Boltimore City, give exect location)
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BALTIMORE CITY HEALTH DEPARTMENT



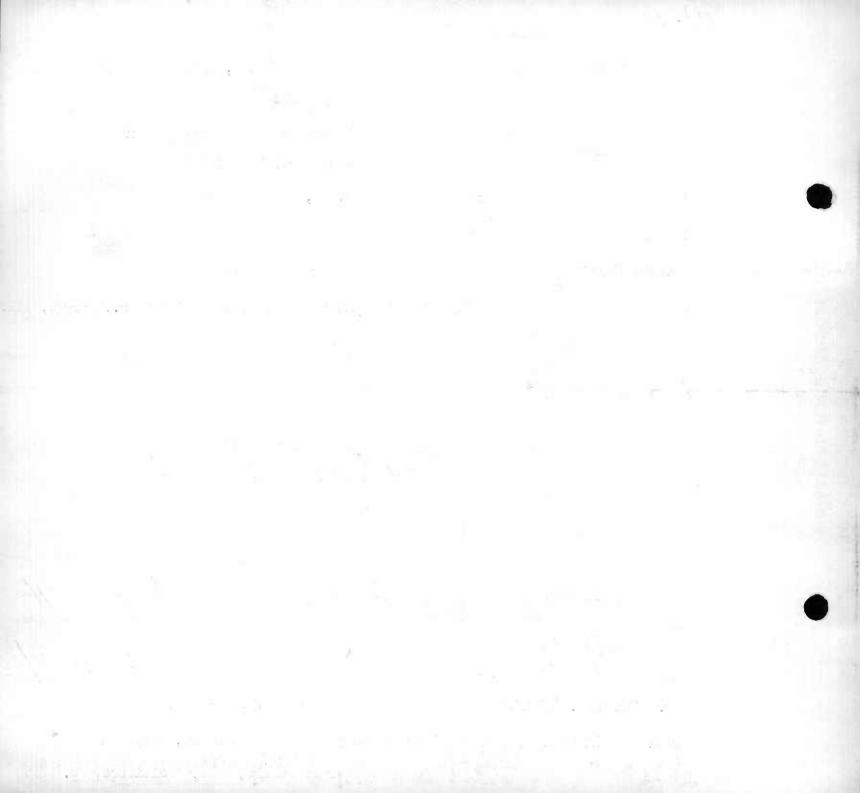
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BALTIMORE CITY HEALTH DEPARTMENT



17	1 563	3		BALTIMORE CITY	HEALTH DEPARTMEN	τ	ry4	0.507
BI	RTH NO.			CERTIFICA	TE OF DEAT	H REG. NO.	11	3513
1.	NAME OF DECI	EASED				E AND HOUR OF DEATH		
(1)	(pe or Print)	SCHRAM	IM, CH	ARLES CHRIST	1 4 4 4 1	JNE 11, 1971		11:30 P.M.
11		IMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If in	stitution:	residence before admission
J3 H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET	MARY LAND	BALTIMORE	a F Circ	21228
"		ST AGNES H	OSPIT	AL	BALTIMORE		DE CITY	
	40	CATON & WI	LKENS	AVENUES	E. STREET AND NUMB	ER	123	I NO [A]
L	/	BALTIMORE,	MARY	LAND 21229	2116 EDMC	NDSON AVENU	E	1609
5.	SEX	6. RACE	7- MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last bighday)	If Und	er 1 Yr. If Under 24 Hrs.
	IALE	WHITE	WIDOWE		09/04/85	85		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
do	A. USUAL OCCU no during most of w	PATION (Give kind of worl rorking life, even if retired)	1	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country!	12. CIT	ZEN OF WHAT COUNTRY
P	HOTO EN	IGRAVER	NEWS	PAPER	MARYLAND			U.S.A.
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN			
	LOUIS S	CHRAMM			FREDERIC	KA CONRAD		
15. (Ye	Wos Deceosed	Ever in U. S. Armed For (If yes, give war ar date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		20	ADDRESS
	NO	,,		213-03-3129		RECORDS CAT		WILLIAMS AVE
_	18.	2 VI		CAUSE OF DEAT		KECOKDS CAT	ON &	APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		Ω			BETWEEN ONSET AND DEATH
	1	LEADING TO DEATH		(A)IMMEDIATE CAU	ISE FULMON	ARY Eden	14	Iday
	heart failure, c	nt mean the made of asthenia, etc. 11 means	the disease	/. /	A CONSEQUENCE OF:			
	injury or comp	lication which caused	death.)	Α	4			
		NTECEDENT CAUSES		(B) ANU	RIA			3 DAVS
	DISEASES OF	R CONDITIONS, it above cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING	CONDITION last.	siding in	(c) Chr	ONIC Rei	VAL FAILU	Re	1 /2417
		- 11						
ATION	OTHER SIGNIFIC	ANT CONDITIONS CO	TRIBUTING					
	IDISEASE OR CO	BUT NOT RELATED TO THE	1 (A).					***************************************
TE	19A-DATE OF	OPERATION 198 CON	DITION FOR ORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes o	No. 208 IF YES, WERE P	INDINGS	CONSIDERED DEATH?
CERTIFIC	21A. ACCIDENT	T WAS LINDERLYING	121	P. BI ACE OF INTITION (1-	NO			
¥	OR CONTRIBUT	T WAS UNDERLYING THOUSE OF	ho	B. PLACE OF INJURY (e.g., in me, form, factory, street, af	ice bldg., INJURY OCCU	(It in Boltimore	City, giv	re exoct location)
U								
MEDI	OF INJURY	(Month) (Doyl (Year)		E INJURY OCCURRED hile AI Not While	21F. HOW DID	INJURY OCCUR?		
	(APPROX.)		[w	ork At Work	—			
	22. I certify t	hat (X) (this hospital)	attended	the deceased fram	NE 7	19 71 to JUN	E. 11	19 71
		ast sow the decease				that in (Ny) (our) apin	ilan dea	th occurred on the date
	and have and	fram the causes stat	ed above.	(A) (Ae) (qiq) (did/voi) A				
	23A. SIGNATUR	E	Δ	1			23B, DA1	TE SIGNED
	1 800	rles Ka	enlo	0	nding Med.	Staff Phys.	te	me 11,197.
	23C. PHYSICIAN NAME (Typ	rs		DEGREE	3D. ADDRESS	111/00	1	
	CARLO	OS ROZE	NBON	1 MD	St. 40	mes HTAI	_	
24A	BURIAL CREM		24C. N	AME of CEMETERY OF CRE	MATORY 240	LOCATION (City	y, lown, o	or countyl (Stotel
	Burial	6/15/71	L	oudon Park Cem	eterw R	altimore, Mary	yland	
25A	DATE REC'D	Y HEALTH DEPT.	25B NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOR		ADDRESS
		JUN 14 1971	Valent	& Jabours	Witzkes 1630	Edmondson Av	e., ?	21228
1/8	150-REV. 1/1/61							

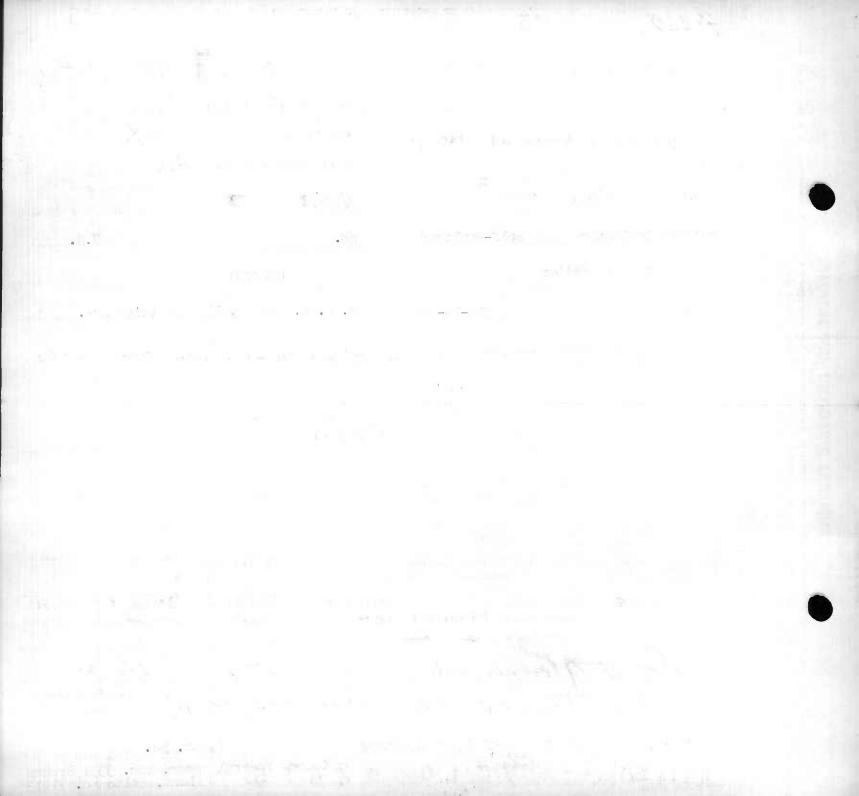
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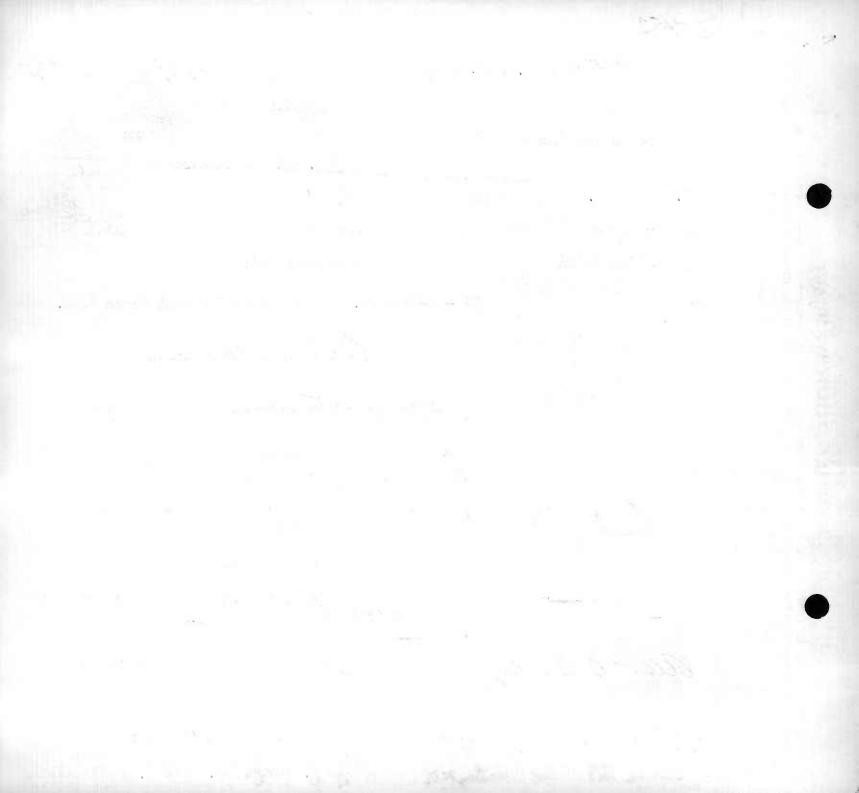


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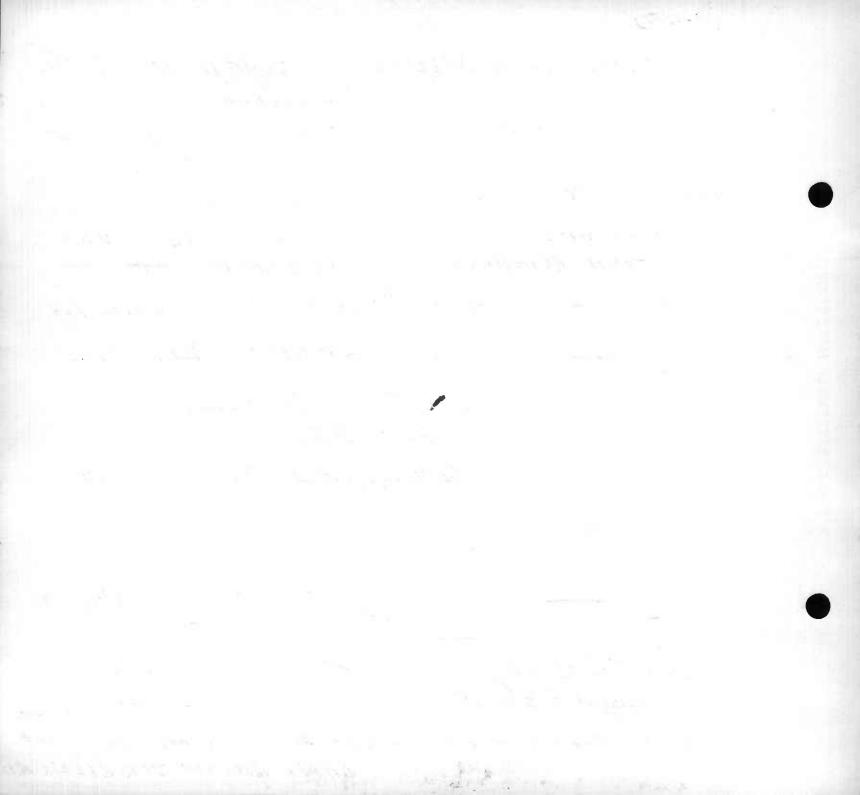
FUNERAL DIRECTOR:

1-12	. A. O.	BALTIMORE CIT	Y HEALTH DEPARTMENT		5015
7-360	71 5613	CERTIFICA	ATE OF DEATH	REG. NO	71 5615
BIRTH NO. I. NAME OF DECEASE					
Type or Print)			2. DATE	AND HOUR OF DEATH	H
	seply Wi	tetter	<u> </u>	une. 9	19711 1250 PM
3. PLACE IN BALTIMO	ORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COL	here deceased lived. Af	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	MARY land		SIDE CITY LIMITS?
4 ylenio	n Memor	IAI HOSP	E. STREET AND NUMBER		YES NO 🗆
			1511 hak	eside A	ve
SEX 6. RA	A	ARRIED X NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATI		IND OF BUSINESS OR INDUSTR	2/12/92	79	
one during most of working	g life, even if retired)	IND OF BOSINESS OF INDOSEK	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
retired too.	maker	self-employed	Ma		*** **
3. FATHER'S NAME	Diriotabo 1	orr-cmproyed	Mde	4445	U.S.
			MOTHER'S MAIDEN N.	AME	
Char	rles Fetter		face:	cnorm.	
Was Deceased Even	in II S Armed Forces	1 6. SOCIAL	17. INFORMANT	cnown	ADDRESS
es, no or unknown) (If y	es, give wor or doles of s	orvice) SECURITY NO.	IIII ANIAIWAI		ADDRESS
no		219-10-8371	Br.Wm. J. Fet	ten 7577 T	alcomida Ares
18. 1. 1.	01	CAUSE OF DEAT	DI STATE OF LE	ner, TOTT P	APPROXIMATE INTERVAL
1 / 01	7.				BETWEEN ONSET AND DEATH
	CONDITION DIRECTLY	Y	il.		
	ING TO DEATH	(A)IMMEDIATE CA	lice MANCHANDIA	al Linta	or train 1/1/10
(This does not m	eon the mode of dying	. C.C	A CONSEQUENCE OF:	71 17	Clark.
heort failure, asthe	nio, etc. It means the di	sense.	A CONSEQUENCE OF:		
injury or camplical	lion which caused death,	.)			
ANTE	CEDENT CAUSES		199		
		(B)	********	************	
DISEASES OK C	ONDITIONS, if any, ove cause (A) slalin	giving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CO	NOITION last	g ine	ASCVD		
ON DERCINO CO	NOMION IOSE	(c)	1241		
	11				
OTHER SIGNIFICANT	CONDITIONS CONTRIBL	JTING			
DISEASE OF CONDU	NOT RELATED TO THE TERMITION GIVEN IN PART 1 (A).	MINAL			
19A. DATE OF OPEN	ATION 1198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	All 200 (8 H=2 14	
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITION 19A-DATE OF OPER 21A-ACCIDENT WA	WAS PERFORME	D D D D D D D D D D D D D D D D D D D	No.	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT W	AS LINDSOLVING	210 01 4 07 00 (11110)			
, OR CONTRIBUTING	CAUSE OF	21 B. PLACE OF INJURY (e.g., home, farm, foctory, street, o	fice bidg. INJURY OCCUR	(if In Boltimo	re City, give exoct location)
DEATH (notify medic	ol exomined	etc.)	THE PART OF THE PA		
	11:00	1 015 11111			
OF INJURY	ith) (Doy) (Yeor) (Hou		21F. HOW DID IN	JURY OCCUR?	
(APPROX)		While At Not Whi			
		Work At Work			
22. I certify that	(this haspital) atte	nded the deceased from	Tune 8	19 7 (to -	June 8 19 31
			A		desiration because 17 and Land
				hat in (my) (our) op	Inian death occurred an the date
and haur and from	the causes stated ab	ove. (I) (Wa) (did) (didenot)	lew the bady after death.		
23A. SIGNATURE	- /)			-	DATE SIGNED
1/-	A A	4 4	adia — Mad —	c. #	238. DATE SIGNED
MILL	Il / Now	ner wish	ending Med. Director	Staff Phys.	6/8/7/
23C. PHYSICIAN'S	//	DEGREE	23D. ADDRESS	- /-/	10/1
NAME (Type)	-41	20.		11	BALtemere,
LAVID.	J. JOWA	JER MD	UNION Me	w. Hosp.	min,
A. BURIAL CREMATIC	N, 24B DATE	24C. NAME OF CEMETERY OF CRI	EMATORY 124D	OCATION (C	ity lown or county) (Sant
REMOVAL (Specify		The second second	270.	CONTINUE (C	ity, lown, or county) (Stotel
burial	6/12/71	Baltimore Cemet	amr	D-14-	W.a
A. DATE REC'D BY H			2SC. FUNERAL DIRECTO	Balto.	ADDRESS
	Robert & Va	AME OF REISTRAR	Schimunek F	uneral Homas	ADDRESS 5, Inc. 3331 Brehms
IIIN 14 19/	AS COMPANY	9 / 0	0 4 6	T	Frehms
\$ 150-REV. 1/1/68				Lar	16, Balto Md. 21213



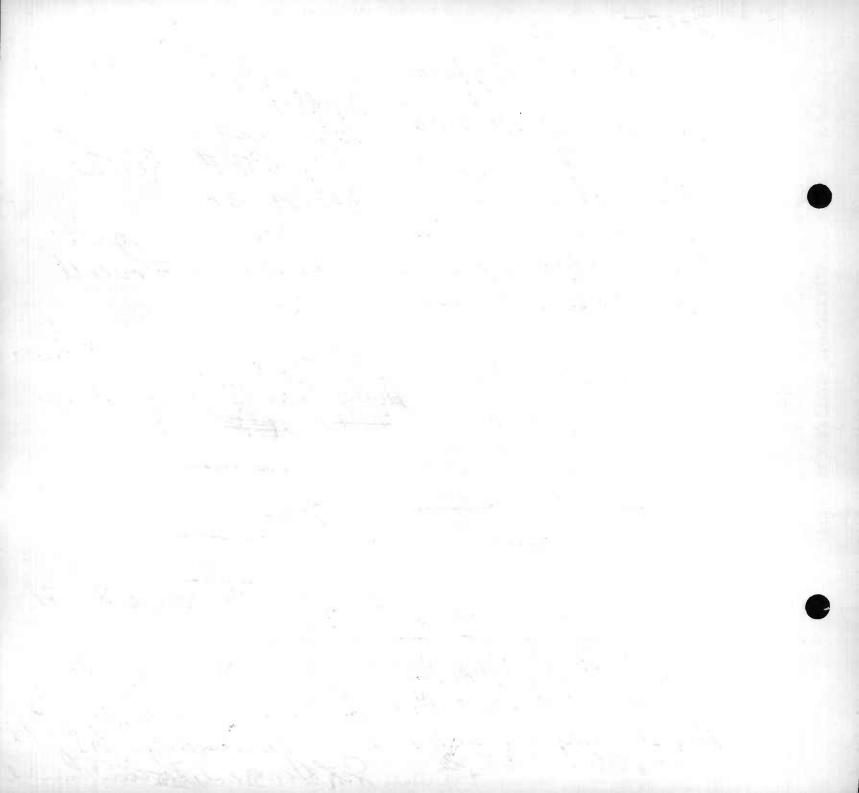


1)-450		HEALTH DEPARTMENT	X 74	5017
		CERTIFICA [*]	TE OF DEATH	REG. NO.	3047
(Ту	PAME OF DECEASED Pe er Print) CATHERINE M. D.	FLLONE	TUA	D HOUR OF DEATH	11 1/25
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	4. USUAL RESIDENCE (When	e deceased lived, If inst	titution: residence before admission)
FUH	ILL NAME OF STITUTION (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	, GIVE STREET	MARYLA.	HO	5 300 E CITY LIMITS?
	HOUSE OF THE PINES		BALTIMO		YES NO NO
Z	U 5837 BELAIR ROA	D	E. STREET AND NUMBER	V AVE	board LBE
5.	/ MARRIED NE	VER MARRIED []	DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Menths! Doys Hours Min.
104	MALE WHITE WIDOWED	DIVORCED [DEC 1 1001	011	2072 110013 101116
don	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI) e during most of werking life, even if refired)	NESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
13.	HOUSE WIFE -		BALTIMOR. 4. MOTHER'S MAIDEN NAM	E MO	USA
16	JOHN REINHARS		ELIZ AB	ETH U.	NK
(Ye	Wes Deceased Ever in U. S. Armed Ferces? 5, no or unknewn) (If yes, give war ar dotes of service)	CURITY NO.	7. INFORMANT		ADDRESS
_	18.	-10-8-878	GARY CDELL	ONE 13 W	11HOW AVE.
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUSI	1	V ~ 7-1	months
	(This does not meon the mode of dying, e.g., heert failure, asthenia, etc. 11 means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	less Carrie	mantha
	injury or complication which caused death.)	1 -	2/		
	ANTECEDENT CAUSES	(B) Atterio	relientia Megar	Drawn	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the	DUE TO, OR AS A	CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c) (9	Chlingston		
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1. 21.	0	2	
X	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	for Hamplegin	; Contractines; 6	tobillation	months.
RTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes ar Ne)	208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	OF INJURY (e.g., in a lactery, street, allic	e bldg., INJURY OCCUR?	(if In Ballimare C	City, give exect location)
0	21D. TIME (Menth) (Doy) (Year) (Heur) 21E, INJUR	Y OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.) While At [Nel While			,
	22. I certify that (I) (this baspital) attended the dec	eased fram	2/29/19	7/_to	6/11/192/
	that (I) (we) lost saw the deceased alive on	61	6/ 0.		on deoth occurred on the dote
	ond haur and from the causes stated above. (1) (We)	(did) (did not) vie	w the body after death.		
	23A. SIGNATURE	Au - 1		-01	B. DATE SIGNED
	23C.PHYSICIANS	DEGREE Phys.	Director P	hys.	6/12/7
	NAME (Type) REPT R BRANIE	- 4 231	O. ADDRESS	0 00	Dilto ms
24A	REMOVAL (Specify)	DEGREE CEMETERY OF CREM	4 700 BELAI	CATION (City,	BALTO MD 51306 town, or county) (State)
	BURIAU JUHE 14-71 MOREL	AND MEMO	ORIAL AX TA	YLOR AVE	BALTO MP
25A	BURIAU TUHE 14-71 MORELL JUNI 4 1911 UGBER E Jaben M.D.	STRAR	25C. FUNERAL DIRECTOR	POS 141 7	ADDRESS 1110 BELAIR R.
100	50-95V 1/1/68	11 11 0			



FUNERAL DIRECTOR: IMPORTANT

i	3 13-	BALTIMORE CITY	HEALTH DEPARTMEN		
	5-635-71 5618	CERTIFICA	TE OF DEATH	REG. NO.	5618
	DE OF PRINTE PROMES PROMES	borne 1	2, DATI	AND HOUR OF DEATH	1308 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Where deceosed lived. If ins	stitution: residence before odmission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	GIVE STREET	C. CIPY OR TOWN		DE CITY LIMITS?
1	diwiting of warge	que	foceme	the	YES NO
19	ospilal 1	,	E. STREET AND NUMBE	237 # 19	RFD 2)
5.	6. RACE 7. MARRIED NI WIDOWED	EVER MARRIED DIVORCED	3/25 /34	9. AGE (in years lost birthdoy)	H Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
t0A don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUST) o duping most of working life, even if relired)	NESS OR INDUSTRY	11. PIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	1-	GIST
/	Mison Britmalic	Im	19711	Ce - 7	Towell
IS. (Ye	ovunknown) (If yes, give wor or dotes of service) S	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
-	les horean.	CAUSE OF DEATI	roru	en	APPROXIMATE INFERVAL
	DISEASE OR CONDITION DIRECTLY			JAHOCK	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE CANDIAC A CONSEQUENCE OF: 1/1	414031	Truous
	heort foilure, asthenia, etc. It means the diseose, injury or complication which coused deoth.)	77	who had	11 0000	1. 14. 6
	ANTECEDENT CAUSES	(B) DUE TO, OR AS	rere min	rfficient	y Mo-805-
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	(c)	A CONSTOUENCE OF		/
Z	II .				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	***************************************			
ERTIFIC	19A-DATE OF OPERATION 198 CONDITION FOR WHICH	OPERATION	20A. AUTOPSYPIYes o	IN CERTIFYING CAU	INDINGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	E OF INJURY (e.g., in	or about 21 C. WHERE DI fice bidg., INJURY OCCU	(If In Baltimore	City, give exact lacotion)
	OF INJURY	RY OCCURRED		INJURY OCCUR?	
	(APPROX.) While At Work	At Work	/ / /	71.	0 7/
	22. I certify that (I) (this hospital) attended the dethat (I) (we) last saw the deceased alive an		197 an	t that la (my) (aux) apla	atan death accurred an the date
	and haur and from the causes stated above. (1) (##	-	7 7		. 1
	23A. SIGNATURE		nding Med.	Staff T	23B, DATE SIGNED
	23C.PHYSICIANS NAME, Dypel	MAT Phys	23D. ADDRESS	Phys. 2	and do who
244	BURIAL CREMATION, 24B. DATE 24C. NAME C	/	1 /	LOCATION (Cin	y town, Calyby Master III
25/	DUTIZI 6/12/71 BEE	ch wood		rincess An	Je Md.
	JUN 14 1971 Value & William	EA,	25G FUNERAL DIXEC	war the	incestione med
VS	150-REV. 1/1/68		0		



NO [

Hours

APPROXIMATE INTERVAL

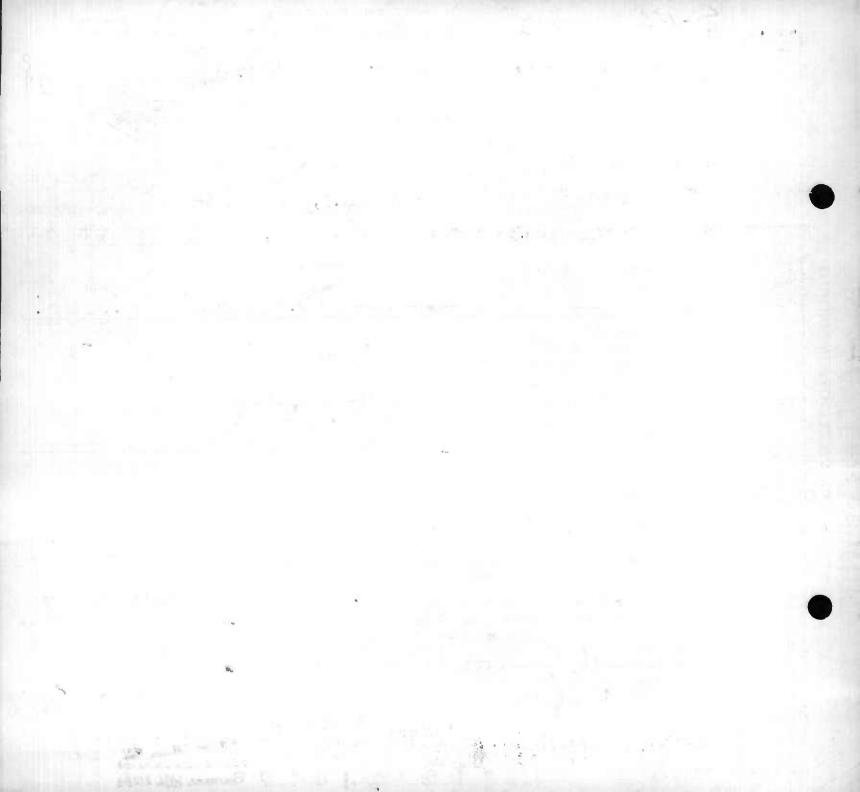
BETWEEN ONSET AND DEATH

(Stotel

If Under 24 Hrs.

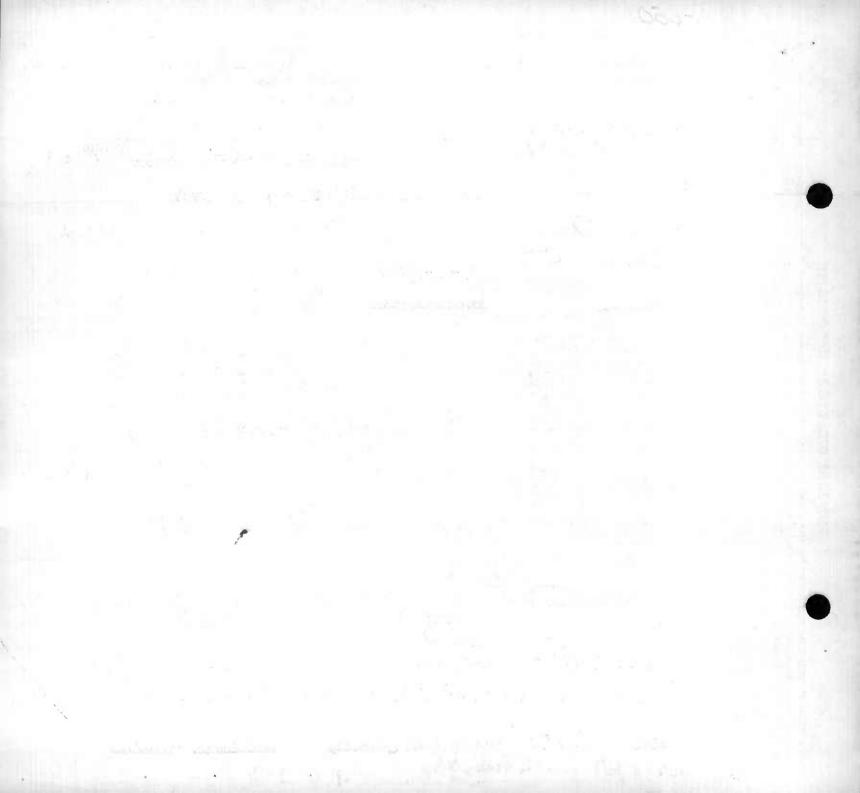
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV, 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be abtained before the remains are embalmed or final disposition is made.

	2-150				BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO.	71	5621	0	CERTIFICA	TE OF DEATH	REG. NO.	71 5620
	Type or Print)	ED .	0	BOR	L N	1	D HOUR OF DEATH	01151
	3. PLACE IN BALTIM	ORE MARYLA				4. USUAL RESIDENCE (When	e deceased lived. If ins	litution residence before admission)
П	FULL NAME OF HOSPITAL OR INSTITUTION				UTION, GIVE STREET	MARYLAN	1 7	4 601
	NOITUTITENI CHUP		FOR		day	C. CITY OR TOWN		PE CITY LIMITS? YES NO
	35	403	FITA	11		E. STREET AND NUMBER	1 2	en Avenue
	6. SEX 6. R	ACE	7. 1 7.	MARRIED	NEVER MARRIED	<u> </u>	9. AGE (In years	care (3
	7	S	W	IDOWED	DIVORCED	9/15/84	lost birthdoy	Months Doys Hours Min.
	OA. USUAL OCCUPAT	NON (Give kind ng life, even it r	of work 10B	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Sme	mald	er		13,	Maryan	ud	USA
11	3. FATHER'S NAME		200	-		14. MOTHER'S MAIDEN NAN	AE	
	200				213-05-9614D	xxxxxx	- 'Kuniguna	da
K	5. Wes Deceased Ever Yes, no or unknown) (If)	es, give wor	ed Forces? or dotes of	service)	SECURITY NO.	17. INFORMANT	SPROLINI	ADDRESS
	no				9dxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	(Soul	S & COULD	Same
	18. 422	91			CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I		R CONDITION DING TO DI		TLY		Dugionia (Brokeston	
	This does not n	nean the mo	de of dyi	ng, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF	1	
1	heart foilure, asth	thion which c	aused dec	oth.)		acci.	10 7	as a state
	ANTE	ECEDENT CA	AUSES		(0)	MORRION	Themoo	Les Several Naux
I	DISEASES OR C	CONDITIONS	il any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:	-000	
I	rise to the of	NDITION Ia:	st.	ling the	(c) Cong	ask with	ut (and u	NO
N,	2	11			0	. 0 7	7	
	OTHER SIGNIFICAN	T NOT RELATED	D TO THE TE	RMINAL	from (thewastlig	fic flan	D wook -
	OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR COND 19A. DATE OF OPE	RATION 198	CONDITIONS PERFORA	ON FOR V	VHICH OPERATION	20A. AUTOPSY? (Yos of No)	208. IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT W	AS UNDERLY	ING	21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		>
	OR CONTRIBUTING	CAUSE O	F	home etc.)	o, form, foctory, street, off	ce bldg. INJURY OCCUR?	hi ili politimore	City, give exoct locotion)
	M I AR INITIAN	nth) (Doy)	(Yeor) (H	our) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
1	(APPROX)			Whil Worl	e At Not While			
	22. I certify that	(I) (this ho:	spital) of	tended th	e deceosed from J	Cay 25 1	9 71 ta Da	me 9 19 D
	that (I) (we) last				June 9	0 01		on death occurred on the date
	and hour and from	m the causes	s stoted o	bove. (I)	(We) (did) (did not) vi	ew the body after deoth.		
	23A. SIGNATURE	0	A M.	^ ()_		[2	BR DATE SIGNED
	LOU	ando	MEON	ans	DEGREE Phys.		haff hys.	6/9/2/
	23C. PHYSICIAN'S NAME (Type)	odu,	A. W	END	SOXA MO. ?	OD K. BLOOS	way Bas	to MX 21231
2	A. SURIAL CREMATI REMOVAL (Specif	ON, 248. DA	TE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
	Burial	6/1	2/171	10	udon Park (e	meteru Bu	/ 4 : ///	1 - 1
2		HEALTH DEPT	258	NAME 9	REGISTRAR	25C. FUNERAL DIRECTOR	simore, "a	y land ADDRESS
	JUN 14	19/1 V	Photo C	" Aure	77-16 17	John A. Moran	Inc. 3000	E. Baltimore to
v	5 150-REV. 1/1/68							



			BALTIMORE CI	TY HEALTH DEPARTMENT		71 5623
1-65/ BIRTH NO.	71 5	621	CERTIFIC	ATE OF DEATH	REG. NO	7.3. 000,3
I.NAME OF DECE	ASED			DATE A	ND MOUL OF DEAT	
(Type or Print)	Trense	1	Dona	2. DATE A	ND HOUR OF DEAT	em fth
3. PLACE IN BALT	MORE MARTLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived, If	institution: residence before admission
400				A. STATE B. COU	NTY	71/2
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Maryland		1700
NOTITUTION			11	C. CITY OR YOWN		NSIDE CITY LIMITS?
South 13	actimore Q	Enecal	HOSPITOU-	Ballimor.	e	YES NO
1/ 2300	1 South Ha	1700 EC. 3	£33862	E. STREET AND NUMBER	+ 11-	1 1 1 1/2 1/2 1/2
/	Bar	timare,	ma-	12/3 Light	si . Mars	or View Nursigho
SEX,	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
H	white	WIDOWED	DIVORCED	3-23-00	lost bitinady)	Months Days Hours Min.
OA DSUAL OCCU	PATION (Give kind of work			Y 11. BIRTHPLACE (State or for	eign countryl	12. CITIZEN OF WHAT COUNTR
one during most of w	orking life, even if retired)					WSA -
						Wah -
3. FATHER'S NAM	E			14 MOTHER'S MAIDEN NA	ME	
Wes Deceased	ever in U. S. Armed For	es?	6. SOCIAL	17. INFORMANT		ADDRESS
	llf yes, give war or date		\$ECURITY NO.			
			217-54-345	37. prisch	act - S.E	3.G HOSPITAL
18 4 .	24×		CAUSE OF DEA			APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIE	ECTLY				BETWEEN ONSET AND DEAT
	EADING TO DEATH			Brondy	sporeumos	va
(This does no	t mean the mode of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	/	******************************
heart failure, a	sthenia, etc. It means lication which caused	the disease,	14			
		Geum	70 6		0 0	
	NTECEDENT CAUSES	-	I (B) Run	us 16°/0 2m	& apprece	-on Ruttock both
	CONDITIONS, if		DUE TO, OR A	S A CONSEQUENCE OF:	& .RF.	on Ruttock Bok
	above cause (A)	staling the	164		ens)	
CITOCILETITO	CONDITION 1036		/ ₀ (c)			
5	11	7	14			
TO THE DEATH	ANT CONDITIONS COI	E TERMINAL	0			
C DISEASE OR CO	NDITION GIVEN IN PART	1 (A).	<u></u>		***************************************	
SPACED PARTY OF COLORS	OPERATION 198 CONI		HICH OPERATION	20A. AUTOPSYS (Yes of N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
phaig	refer					
	WAS UNDERLYING	21B, P	LACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID		ore City, give exact location)
DEATH (notify n	nedical examined	etc.)	Harbor Wen	Nelranghome	1217 10	elit st. Boltimorse
21D-TIME ((Month) (Dayl (Yearl		NJURY OCCURRED	21E HOW DID IN		
S OF HADOR!	pril. 20th 1971		At Not Wh		ly Ana	a hot water in
(APPROX)	7112. 2012 1711	Wark	At Work	ay sin By	the true &	sit on it.
22. I certify ti	hat (1) (this hospital)	attended the	deceased from	April 20	19 7/ to	un 5th 1971
			- 1-0	<i>y</i>	77	
inat (I) (we) I	ast saw the decease	d alive on	Hy Jun.	-174.19)/and t	hat in (my) (aur) a	pinian death accurred an the dat
and haur and	fram the causes stat	ed above. (1)	(We) (did) (did nat)	view the body after death.		
23A. SIGNATUR	E					23B, DATE SIGNED
0.	lo Kar	· 1		ending Med.	Stoff Phys.	June , 5th - 21
23C. PHYSICIAN	12010 11-0	- RE	DEGREE Ph		Phys.	1
NAME (Typ				23D. ADDRESS		21 6 22
			DEGRE	300/ South	. Hanover	St. Baltimore
4A. BURIAL CREM	ATION, 248 DATE	24C. NA	AE of CEMETERY of C		OCATION (City, town, or county) (State)
REMOVAL (Sp		· / D.	1/- 11/	P. Oi	. , pt	3 00/
DURIAL	NUHE 9-	11 SIEN	HAUEN ME	MORIAL I HIRK GI	EN BERNELL	SURHIEHH 19.d
SA. DATE REC'D	THEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
JUN 14 T	ALL MORGER C	Authorn		3500615 SG	ONCE-ANOI RI	TCHIE HIGHWAY
'S 150-REV. 1/1/68	177-1	7372		1		THE HISHWAY
	V / / / /					

No previous Address In a number of Inst. For Past 20 VISI

Bushes Victoria Clay Have Managed in Contract Contract

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				п =					C
1. NAME OF DEC	Edna G.	Hormess		2. DATE OF	Known Known Estimoted	Month	6 0	71	5:15p
4. PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE	Califillioted C	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	ITION, GIVE STREET		SIDENCE (Who	6 ere dece osed l	6 iv ed. Il institut	71	5:15 p
40	St. Agnes			A. STATE Md.			B. COUNT	15	82
6. SEX female	White		NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?	
9. DATE OF BIRTH		WIDOWE	Under 1 Yr. If Under 24 Hrs.		alto.			YES Y	10 🗆
4/9/1	Land Land Land		onths, Doys, Hours, Min.		28 Wilmin	noton A	venue		
. , - ,	tote or loreign country)	12	. CITIZEN OF	13. FATHER		igcon n	Venue		
	more, Mary		WHAT COUNTRY?		nan Wei	he			
14A.USUAL OCCUP	PATION (Give kind of wor	MIAB. KIND C	F BUSINESS OR INDUSTR						
done during most of w	orking life, even if retired Packer	Es	sKay	Gra	ace ?				
16. WAS DECEASE	D EVER IN U.S. ARMI	D FORCES?	117. SOCIAL	IB. INFORM				ADDRESS	
Yes, no or unknown)	(If yes, give wor or dote	s of service)	9-12-9850	Mrs.F	Rose Pi	11i 10	28 Wi	lmingt	on Ave.
19.	Y. O.		CAUSE OF DEA	TH				APP	ROXIMATE INTERVAL
	osthenio, etc. It meons the plicotion which coused d		DUE TO, OR	AS A CONSEQ	rebral i UENCE OF:	n ar y			
Injury or com AN DISEASES O RISE TO THE UNDERLYIN	osthemio, etc. It meons the plicotion which coused described by the course of the cour	ne diseose, eoth.)	DUE TO, OR	AS A CONSEQ	UENCE OF:	7.			
Injury or com AN DISEASES O RISE TO THE UNDERLYIN	osthenio, etc. It meons the plicotion which coused described by the course of the cour	ne diseose, eoth.) NY, GIVING ATING THE CONTRIBUTING THE TERMIN.	(B)	AS A CONSEQ	UENCE OF:	11 <u>, 141 y</u>			
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NOTHER SIGNITO THE DEAD DISEASE OR TO THE	osthenio, etc. It meons the plicotion which coused despite the property of the place of the plac	NY, GIVING NY, GIVING ATING THE CONTRIBUTIN O THE TERMIN, PART 1 (A).	(B)OUE TO, OR (C)	AS A CONSEC	UENCE OF:	11, (41, y			SY? (Yes or No)
NOTHER SIGNITO THE DEAD DISEASE OR INDUSTRIES TO THE UNDERLYIN TO THE DEAD DISEASE OR INDUSTRIES TO THE DEAD TO THE DEAD DISEASE OR INDUSTRIES TO THE DEAD	osthenio, etc. It meons the plicotion which coused despite the property of the place of the plac	NY, GIVING ATING THE CONTRIBUTING THE TERMIN. PART 1 (A). NODITION FO	(B) DUE TO, OR (C) CR WHICH OPERATION W B. PLACE OF INJURY(e.g., me, lorm, foctory, street, office the property of the prope	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	UENCE OF: QUENCE OF: LED 2C. WHERE DIE NJURY OCCUR'	(If in Boltime	ngton	exoct location) Avenue	yes
Injury or com AN DISEASES OR RISE TO THE UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAL OF INJURY (APPROX.) 23. 1 certi result ACTUAL SIGNATU	osthenio, etc. It meons the policotion which coused do RTECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) ST (G CONDITIONS OF AN ABOVE CAUSE OF A CONDITIONS OF A COND	AY, GIVING ATING THE CONTRIBUTING THE ERMIN. PART 1 (A). DINDITION FOR CONTRIBUTION FOR C	B. PLACE OF INJURY (e.g., me, lorm, foctory, street, office WHILE AT NOT WORK AT V. Inspection At V. Accident Suicid	AS A CONSECTION OF THE PROPERTY AS A CONSECTION OF THE PROPERY AS A CONSECTION OF THE PROPERTY AS A CONSECTION OF THE PROPERTY	DUENCE OF: 2C. WHERE DIT. NJURY OCCUR. 2F. HOW DID I Subject and that on micide CHIEF MEDICAL STANT MEDICA	(If in Boltime 8 Wilm: NJURY OCC alledge this basis Undeterm EXAMINER LEXAMINER	ngton UR? edly fe	exoct location) Avenue ell down my apinian or	yes steps in
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DIRECTOR:

FUNERAL

approved

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If Under 24 His.

DIRECTOR:

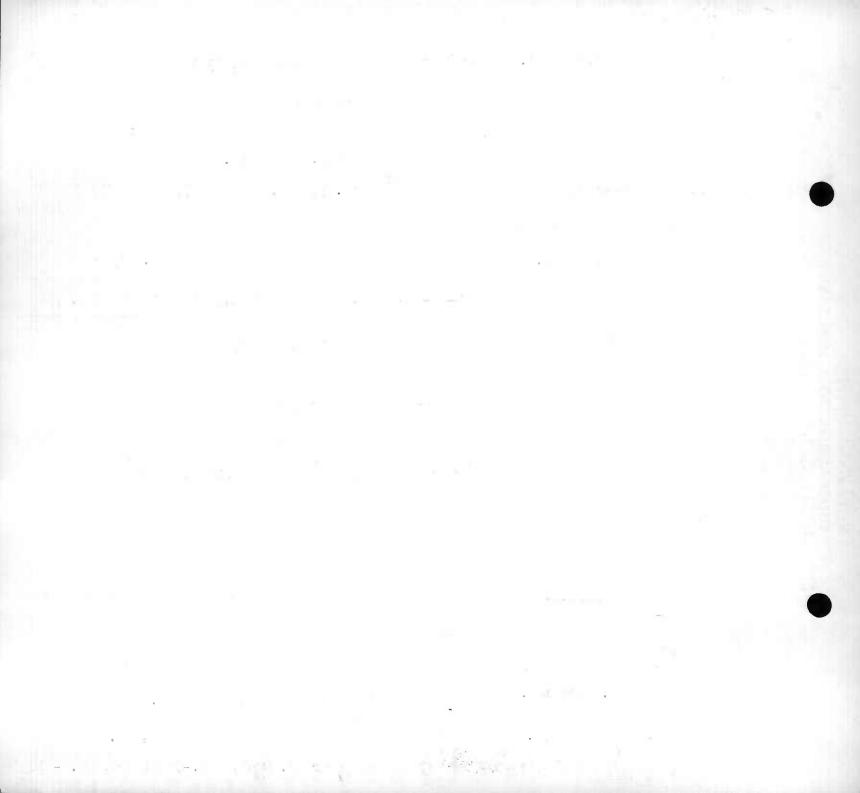
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	Tospital and	(5) Deceased	ance on the	death. Such	
This cardifficate must be annually the chief madical axeminas or his receivement if the contract of the chief	I to the hospital by a medical examiner. Also, if the direct or contributing some of down	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	sased prior to	is made.
denne if dansk	he direct or co	ind; (4) Under	leath was in	e on the dece	nal disposition
inas or his acci	ner. Also if the	acture of any k	pronounced o	slar attendance	mbalmed or fir
medical exam	nedical exami	burns; (3) A fr	hysician who	in was in regu	remains are er
d hy the chief	ospital by a n	sture; (2) Body	of where the	(6) No physicic	ned before the
ist he gonrove	eased to the h	ident of any no	nospital (excep	death); and	must be obtain
ie cartificate m	the body was released	lows: (1) An acc	as D.O.A. at a	sceased prior to	written approval must be obtained before the remains are embalmed or final disposition is made.
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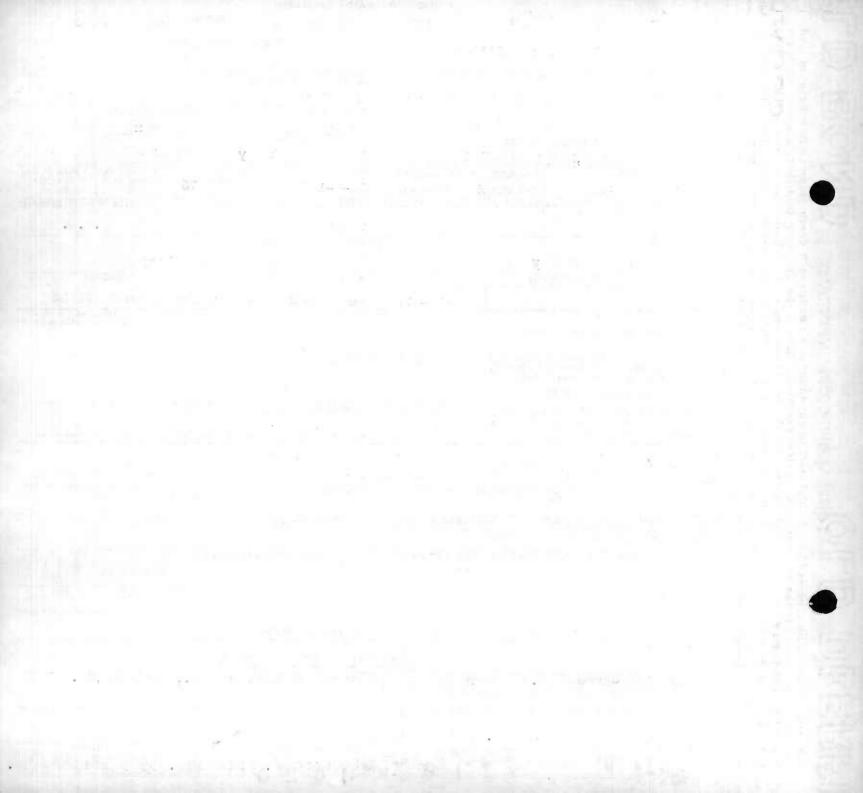
FUNERAL DIRECTOR: IMPORTANT

Y FA.	~		BALTIMORE CITY	HEALTH DEPARTMENT		Pri A	
BIRTH NO.	3 71	5625	CERTIFICA	TE OF DEATH	REG. NO	71 5625	
Type or Print)	ROBERT	R. K	NIGHT		10, 1971	5	- 00
3. PLACE IN BA	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If i	nstitution residence before	H M
FULL NAME OF			UTION, GIVE STREET	Maryland C. CITY OR TOWN		121	15
NOITUTION				Baltimore	D. INS	IDE CITY LIMITS?	
41)	GOULDIS	ONVALES	SARIUM	E. STREET AND NUMBER		ON K SAY	<u> </u>
				201 E. North	Ave.		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If I Months Doys Hou	Under 24 Hrs.
male	caucasian	WIDOWED		Sept. 7,1893.	lost birthdayl 77	Months Doys Hou	rs Min.
OA, USUAL OCC	CUPATION (Give kind of wor	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHA	AT COUNTRY
	I working life, even if retired) ired Security	Guard		Marylan	d	USA	
3. FATHER'S NA	AME	1		14. MOTHER'S MAIDEN NA	AME		
	Marion (). Knig	ht		Julia	H. Piper	
5. Was Decease	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	17- INFORMANT		ADDRESS	
No	n) (If yes, give wor or dote	es or service!	215-16-1106A	Mr. Herbert Kn	ight,7911 Hi	llendale Rd	#34
18. st.	231		CAUSE OF DEAT	1			TE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		1-	. 21	BETWEEN ONS	ET AND DEATH
(This door	LEADING TO DEATH	Autor Care	(A) IMMEDIATE CAL		Ment Draw		
hearl failure,	not meon the made of , asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************	
injury or cor	mplication which caused	death.)					
	ANTECEDENT CAUSES		(B) Canuch	is artinochin	214		
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	*****************	***********	
UNDERLYIN	ne above cause (A) IG CONDITION last.	sloling the	(c)				
	II		(0/		60% 1		
OTHER SIGNI	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	G.U. Sepata.	Complete Complete	O Stil sun	to to O.	******
OTHER SIGNI TO THE DEA DISEASE OR CO 19A. DATE OF	F OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE USES OF DEATH?	D
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol examiner] 218, hom etc.	ie, form, loctory, street, of	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location	in)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	HUJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX)		Whi	ile At Not While	יח			
22. 1 certify	y that (1) (this he spital			- 6/3	ho 21.	6/12	1.21
) last sow the decease		,	8/19.7/ and t	hat in(my) (our) opi	nion deoth accurred	an the dote
and have an	d fram the causes stat	ed above. (I) (W e) (did) (did not) v	lew the bady after death.			211 1110 0010
23A. SIGNAT					,	238 DATE SIGNED	
Chi	low DO	racely		nding Med.	Staff Phys.	6/11/21	
23C. PHYSICIA NAME (1	ANS Type Dr. Albert	B. Bra	dley	3D. ADDRESS 4900 Belair Ro		id.	
4A. BURIAL CRE	MATION, 248. DATE	24C. N	ME of CEMETERY OF CRE			ty, town, or county)	(etot2)
Buria:			rkwood Cemete			ore, Md.	
	RY HEALTH DEPT.	DER NAME C	DE DECICTRAR	25C. FUNERAL DIRECTO		ADDRESS	
IUN 1	1 1971 Robert	E. Jabe	3 M.P. O O	Leonard J. R			
VS 150-REV. 1/1/	68		1	•			

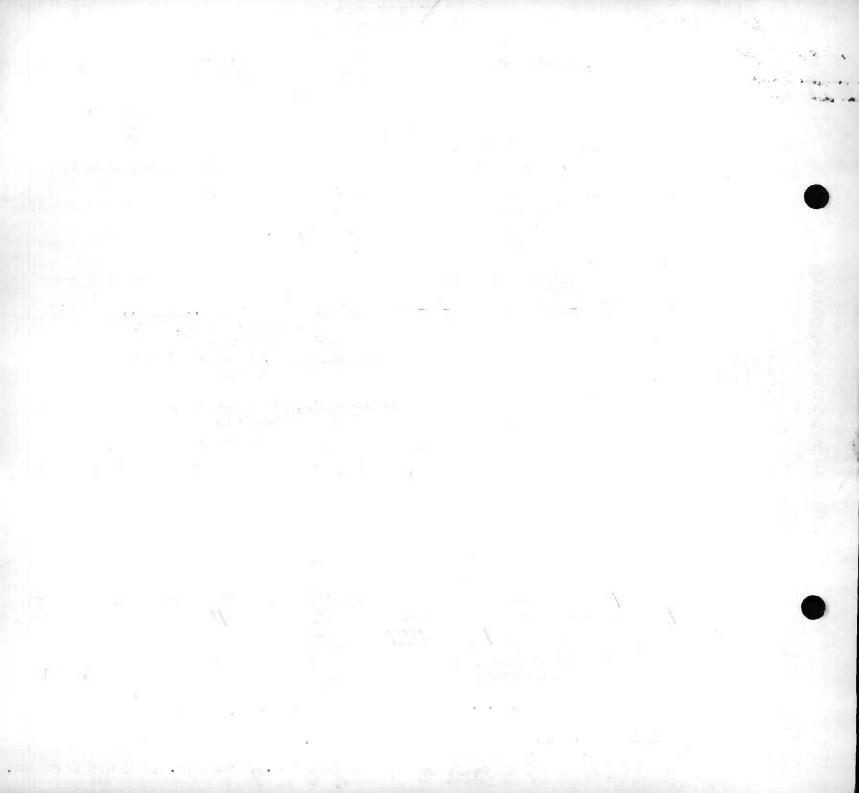


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

() un	-00	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	5626	CERTIFICA	TE OF DEATH	REG. NO	74 5626
1. NAME OF DECEASED Lilli	an May Phi	lips	2. DATI	AND HOUR OF DEATH	1 9:40 AM
3. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONO	UNCED DEAD	A USUAL RESIDENCE	Where deceased lived, If	institution residence before admission)
FULL NAME OF (IF NOT IN A ADDRESS OF INSTITUTION	HOSPITAL OR INSTITUTE	TUTION, CIVE STREET	Maryland CCIV OR TOWN		SIDE CITY UMITS?
Baltimore (City Hospi	tals		J. 113	YES NO
3 / 4940 Easte			E. STREET AND NUMBER		
Baltimore,	Maryland :	21224	1036 Higne	t Way 21	205
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
Female White	WIDOWED	DIVORCED [12-2-1894	76	
ina. Usual occupation (Give kind done during most of working life, even it r Homemak er		F BUSINESS OR INDUSTRY	Maryland	foreign country)	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Meyers			Katherine	Roth
		1 6. SOCIAL	17. INFORMANT	ra cher the	ADDRESS
5. Was Deceased Ever in U. S. Ann Yes, no or unknown) (If yes, give war	or doles of service)	SECURITY NO.			
No		212-28-2770	Records: BCH	4940 Eastern	
16.427,017	-250	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
DISEASE OR CONDITION					, /
(This does not mean the ma		(A) IMMEDIATE CAL	ise > 2/	2000	week.
heart failure, asthenia, etc. It	means the disease		A CONSEQUENCE OF:		
injury at complication which c		A			
ANTECEDENT CA	AUSES	(8)	307 eme		
DISEASES OR CONDITIONS			A CONSEQUENCE OF:	1 1 1	
rise to the above cause UNDERLYING CONDITION to		10 (sect	estre hear	4 per luce	42
***		(C)//		//	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	D TO THE TERMINAL	DioSetes	Wellow, GI	blooking Ayoth	ania.
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 199. WW. 21A. ACCIDENT WAS UNDERLY	L CONDITION FOR AS PERFORMED	WHICH OPERATION	20A AUTOPSYR (Yes o	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE C DEATH (notify medical examined	YING 21 hor	B. PLACE OF INJURY (e.g., i me, farm, factory, street, o	n or about 21 C. WHERE DI flice bldg., INJURY OCCU	D (If In Baltime	ore City, give exoct location)
21D-TIME (Month) (Doy)	(Year) (Hour) 21	E INJURY OCCURRED		INJURY OCCUR	
OF INJURY		hile At D Not While	• 🗆		
			1/8	19 Z/ta	6/10 1921
22. I certify that (1) (this ha		the deceased from			7
that (1) (we) last saw the de		X//		-	oinian death occurred an the da
and hour and from the cause	s stated above.	(<u>i)</u> (We) (did) (did not) v	riew the body after dec	oth.	
23A. SIGNATURE	-6)	001. D A4	oden en Mad e	- SI-8	23B, DATE SIGNED
		AM	ending Med.	Sidit X	2//0//(
	75/	DEGREE Phy		Staff Phys.	9/17
23C. PHYSICIAN'S Jorge NAME (Type) JORG		yon M.D.	23D. ADDRESS 4940	Castern Ave.,	Baltimore, Md. 21224
JORG	BR. A	yon	23D. ADDRESS 4940 1 13-22 11M 0	Eastern Ave.,	Baltimore, Md. 21224 FOS P(722 S City, town, or county) (Stole)
24A. BURIAL CREMATION, 24B, D. REMOVAL (Specify)	ATE 24C.N	YON M.D. DEGREE HAME of CEMETERY of CR	23D. ADDRESS 4940 13-22 TIM 0. EMATORY 24	Castern Ave.,	City, town, or county) (Stole)
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify) Burial 6/1	ATE 24C.N 4/71 St	YON M.D. DEGREE TAME of CEMETERY of CR Matthew's	23D. ADDRESS 4940 13-22-11111 0 24 Cemetery 24	Eastern Ave.,	City, town, or county) (Stole) Maryland
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify) Burial 6/1 25A. DATE REC'D BY HEALTH DEP	ATE 24C.N 4/71 St	YON M.D. DEGREE HAME of CEMETERY of CR	23D. ADDRESS 4940 13 A 1 TIM 0 EMATORY Cemetery 25C. FUNERAL DIREC	Eastern Ave., CAL CITY A D. LOCATION (C Baltimore	City, town, or county) (Stole) Maryland ADDRESS
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEP	ATE 24C.N 4/71 St	YON M.D. DEGREE TAME of CEMETERY of CR Matthew's	23D. ADDRESS 4940 13 A 1 TIM 0 EMATORY Cemetery 25C. FUNERAL DIREC	Eastern Ave., CAL CITY A D. LOCATION (C Baltimore	City, town, or county) (Stole) Maryland



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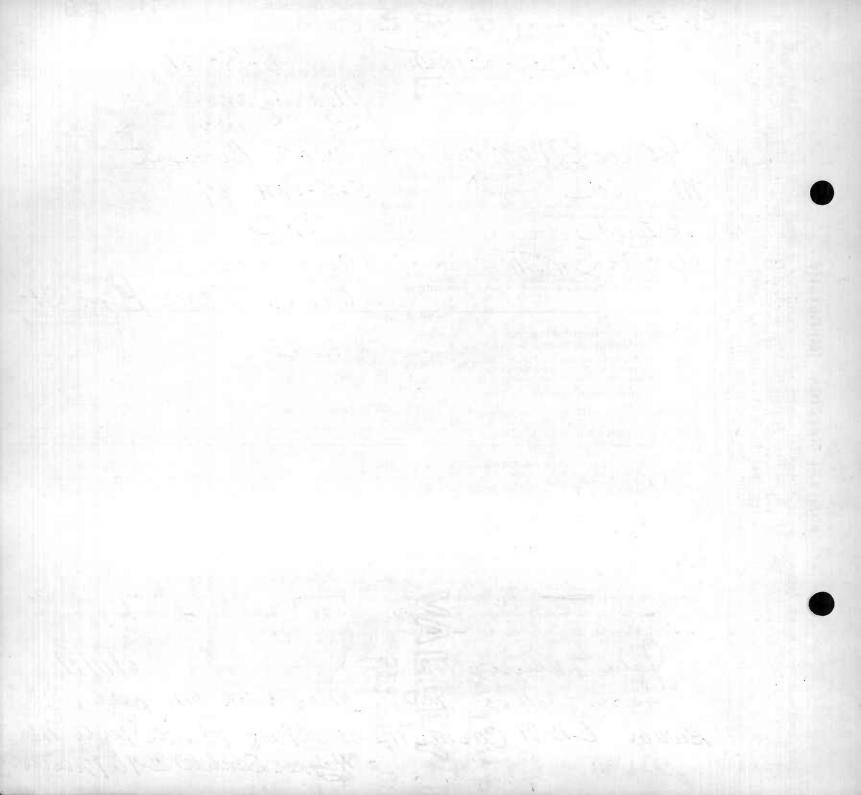
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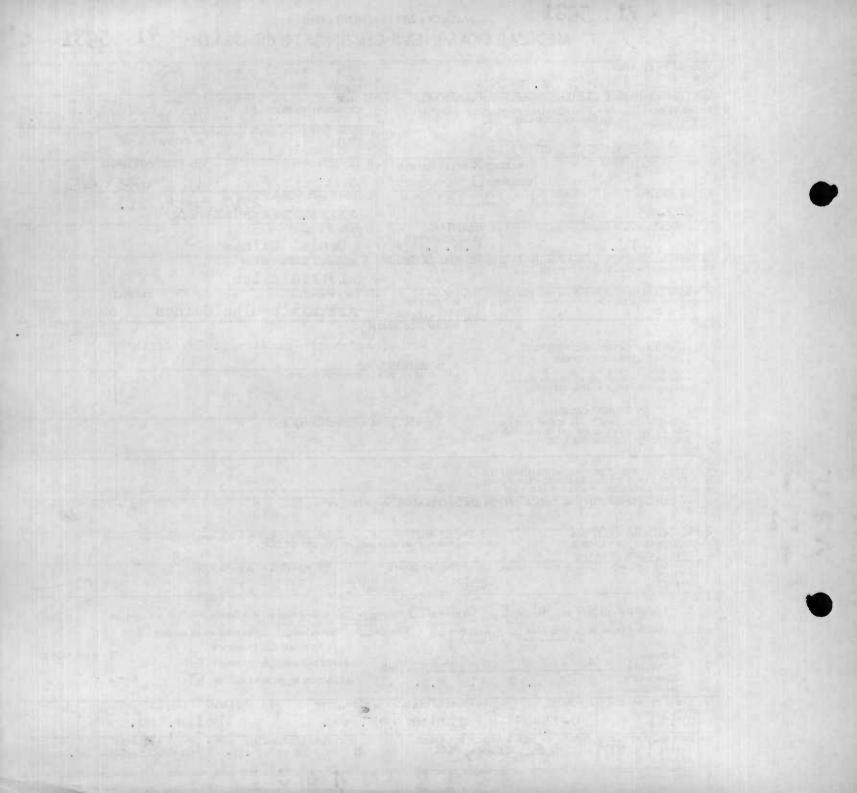
... 4.2 My Sent 8 31000 - 11 10 - 15 A LINE TAKES TO SEE THE SECOND SHEET AND SECOND SEC

0	BALTIMORE CITY	HEALTH DEPARTMENT		71 5630
SIRTH NO. 71 5630	CERTIFICA	TE OF DEATH	REG. NO	01,00
T, NAME OF DECEASED MM. (Type or Print)	mith	2. DATE AN	ID HOUR OF DEATH	M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE TWhen	re deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Maryle C.CIIY OR TOWN	and	SIDE CITY LIMITS?
11110	- //	Saltin	2022	YES NO
"Union Memo	real Hosp	E. STREET AND NUMBER	Boone.	St
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	VINEAEK WAKKIED	5-5-1904	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life even if retired)		n.c		
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	WE	
Waller Smill		Unknow	m	
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (II yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Clea Smi	Th 210%	Brone St
18.4/2 31	CAUSE OF DEATH	01/11	0 0100	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		20.10		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A)IMMEDIATE CAUS	E HSHD		
heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or camplication which caused death.) ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, il any, giving	(8)	CONSEQUENCE OF:		
rise to the above cause (A) stating the		. Consequence or.		
UNDERLYING CONDITION tast.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in e, larm, factory, street, offi	or about 21 C. WHERE DID	(If In Boltima	re City, give exoct location)
21D. TIME Month (Doyl (Year Hour 218.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While	e At Not While			
22. I certify that (I) (this beginn) attended th		Februm 1	19 67 to	may 1921.
that (1) (we) last sow the deceased alive on	_	/		Inion death occurred on the date
and hour ond fram the couses stoted obove. (1)	('		(,, (, op	death accorded on the date
23A. SIGNATURE	(s) (ara) (ala flor) VI	on the body offer deoff.		23 B. DATE SIGNED
Verse 7 160.	Atten Phys.	ding Med.	Shaff Phys.	1/11/7/
23C. PHYSICIAN'S NAME (Type)	- DEOKEE	BD. ADDRESS	rnys. —	16/11/11
Jesse T. HolmES	M.D. DEGREE	508EN0	the av.	Balto,, md
REMOVAL (Specify) 6-12-71	ME of CEMETERY OF CREA	marcal Post	CATION	co Geo Co Md
25A. DATE REC'D BY HEALTH DEST. 258 NAME	F REGISTRAR	25 FUNERAL DIRECTOR	1000	ADORESS
	C O SECON	rasmar of	anderes -	2176. Tuestons



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BALTIMORE CITY HI	EALTH DEPARTMENT
(9-5-20) MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO 5631
BIRTH NC.	REG. NO.
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
PAUL A. GAINES	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June 10, 1971 12:18P.
38 UNIVERSITY HOSPITAL	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore VECT NOT
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	E. STREET AND NUMBER
2-2-25 lost birthdoy) 46 Months Doys Hours Min.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Md. WHATCOUNTRY?	Daniel Gaines
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even If relired)	Alethia Allen
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	xxxxxix Beulah Gaines same
19. 212201681 CAUSE OF DEA	
The state of the s	BETWEEN ONSET AND DEATH
	osclerotic cardiovascular disease
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE (DUE TO OR	CAUSE
heart foilure, osthenio, etc. It meons the disease.	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PEREODAIED
Ö /	AS PERFORMED 21. AUTOPSY? (Yes or No)
₹ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INITIRY (e.g.	yes
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) a bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Dov) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
23. m. WORK AT W	ORK
I certify that I held on Inquiry Inspection Au	topsy 🗵 and that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicia	
1 1 1 1 1	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	ASSISTANT MEDICAL EVALUNES & DATE SIGNED
SIGNATURE MAD M.D. EXAMINER'S Popel de M.D. Wordhalle M.D.	•
NAME (Type)	ASSOCIATE MEDICAL EXAMINER 6/11/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 6-14-71 Arbutus Me	
CONTRACTOR OF A CONTRACTOR AND	25C. FUNERAL DIRECTOR V. alle Address Kelson F.H. 1348 Calhoun St.
JUN 14 19/1 Vabers C. Jacon, 1805	
VS 151-REV, 1/1/68	



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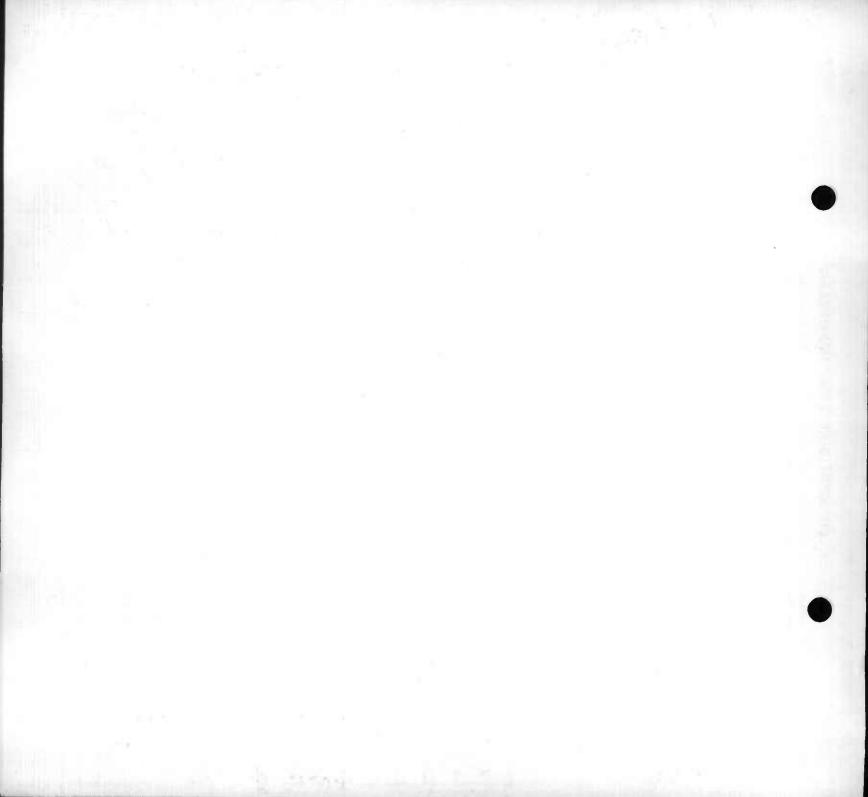
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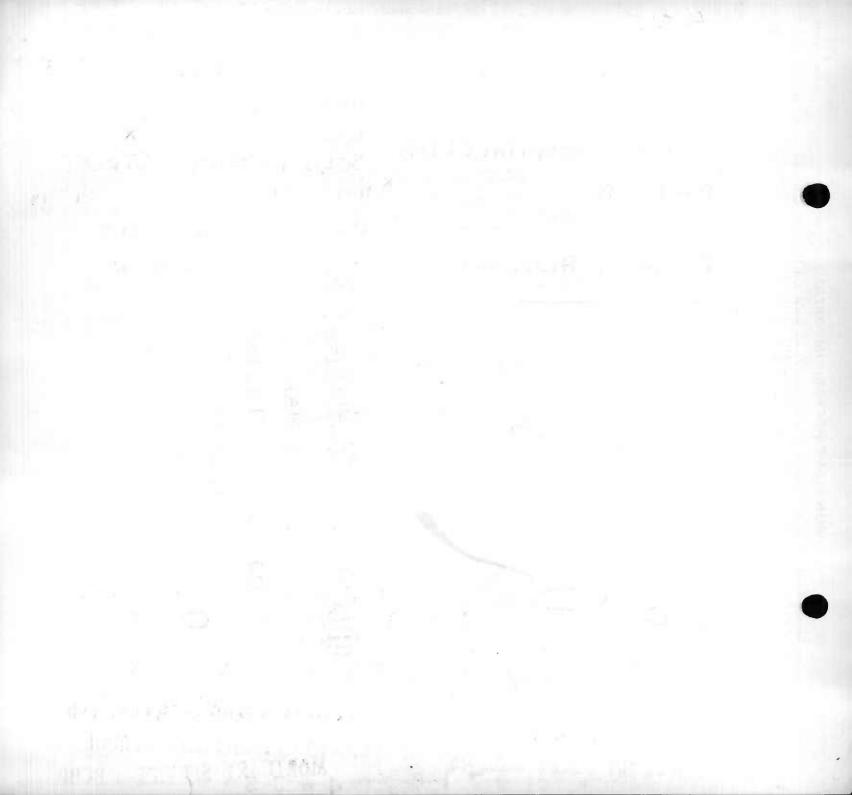
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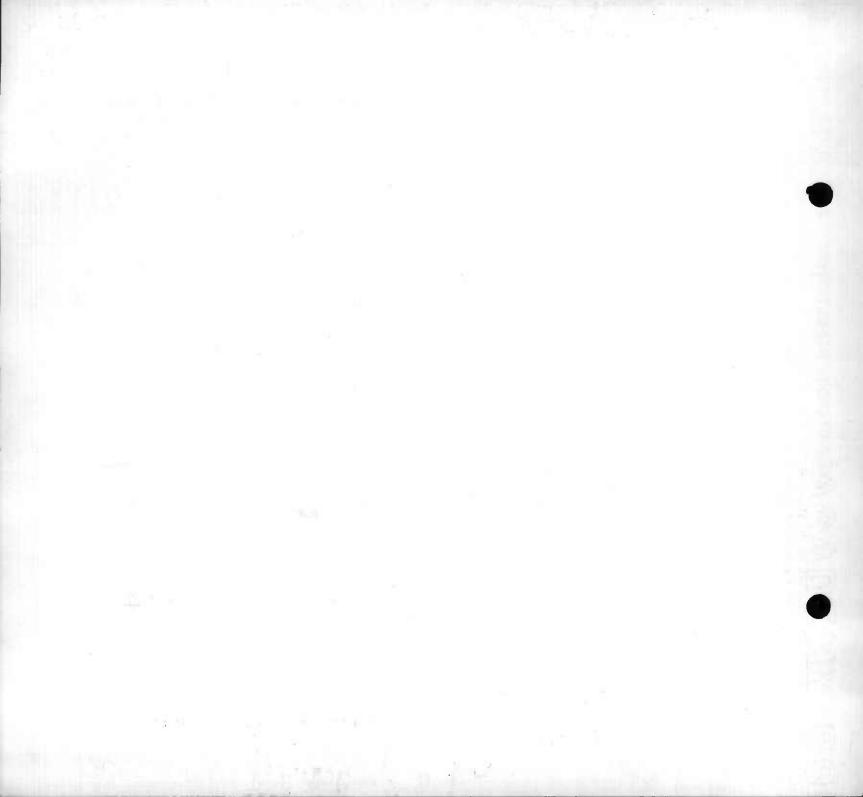
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1		la de	1,4	BALTIMORE CITY	HEALTH DEPARTMENT	DAVIS, BAB	W. BOY	NR L
BIRT	-/20 H NO. 1/09/01	71	5634	CERTIFICA	TE OF DEATH	DR. WOYBER	LET-UNDE	H.B.PH
	AME OF DECEASED	0.	200	7 · N 1	2. DATE AN	PANDER OF BEATH	41-86-96	200
3. F	LACE IN BALTIMORE	MARYLAND, V	HERE PROP	HOUNCED DEAD	4, USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence t	pefore odmission)
				TITUTION, GIVE STREET	A. STATE ME. COUN	TY	181	1.2
HO	SPITAL OR AL	DRESS OR LOC	ATION	A ON A CALL	C. CHY OR TOWN	D. INS	SIDE CITY LIMITS?	
U	MVER	81746	76 LI	ARYLAND	Pal tomore		YES 🗎 N	10 🗌
3	8 110.	5 P17	AL	_	E. STREET AND NUMBER	Clob Rd	aptio	
5. \$	6. RAC		7- MARRIE		8. DATE OF BIRTH 5-30-71	P. AGE (In years ast birthdoy)	Months Days H	Il Under 24 Hrs. louis Min.
10A,	USUAL OCCUPATION during most of working li	(Give kind of wor	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorein	an country)	12. CITIZEN OF W	HAT COUNTRY?
00.10	acting most of working in			-	MARY	CAN	U	SA
13. F	ATHER'S NAME		-	0.000	14. MOTHER'S MAIDEN NAM	ME O		
	JELO	ME	((IRNOR	MERIA	DAVI	15	
(Yes	Vos Deceased Ever in no or unknown! (It yes,	give wor at dote	ces? es of service	SECURITY NO.	17. INFORMANT	\	ADDRESS	5
L.,	10				OK MKESO.	DE U	N. HO3	PITAL
	DISEASE OF	ONDITION DI	DECTI V	CAUSE OF DEATI	1			MATE INTERVAL ONSET AND DEATH
	LEADIN	IG TO DEATH		(A)IMMEDIATE CAU	SF HYARINE	MEMBR	ANT DUTTE	52
	(This does not mean heart failure, asthenic	a, eic. It means	the diseas	S. DUETO OP AS	CONSEQUENCE OF:	*******************	,	
	injury at complication			TRE	FMA CUE	21 11.		
	DISEASES OR COI	DENT CAUSES		(8)	A CONSEQUENCE OF:			
	rise to the above	e cause (A)		ne				
	ONDEKLING CON	II III		(c)				
N O	OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTIN	Ģ			ĺ	
CAT	TO THE DEATH BUT N	N GIVEN IN PAR	T_1_(A)		100.0			
CERTIFICATION	94 DATE OF OPERAT	WAS PER	FORMED	R WHICH OPERATION	20A-AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEATH?	RED
	21 A. A CCIDENT WAS	UNDERLYINO]]2	B PLACE OF INJURY (e.g.,	or about 21 C. WHERE DID	(II In Boltimor	re City, give exoct loc	otion)
	OR CONTRIBUTING DEATH (notify medical		e	ome, form, foctory, street, of ic.)	ice plag. INJURY OCCUR?			
1 W L	21 D. TIME (Month) DF INJURY	(Doyl (Year)	- 1	TE INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?		
11 25 11	(APPROX.)			While AI While At Work	· 🗆			
	22. I certify that (t)	(this hospital) attended	the deceased from	-30 - 1	971 10 6	-1-	197/
	that (i) (we) last so	w the decease	d alive or	6	19and tha	t in (my) (our) op!	nian death occurr	ed on the date
	and hour and fram t	he causes sta	ed abave.	(I) (We) (did) (did not) v	lew the bady after death.			
	SA. SIGNATURE	05	2	AHO HAM	nding [] Med. []	Shaff [77]	23B, DATE SIGNED	,
	23C. PHYSICIAN'S) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 - 7 1	DEGREE Phys	Director L	Staff Phys.		
	NAME (Typel	VECI	2/5	NO MPH	MANUFRS	ITY D	P MARYI	Mil.
24A	BURIAL CREMATION REMOVAL (Specify)	, 24B, DATE	24C.	NAME of CEMETERY OF CRE	MATORIA 24D 10	CARD OF IC	HART BAR	(Stole)
	REMOVAL (Specify)	6-7-7	7/		TILITY IN A COUNTY	11001011	66884	
25A	DASE REC'N BY HEA	TH PIPTS &	25B. NAM	OF RESISTRAR	25C.FUNERAL BIRECTOR	MEDICAL	SCHOOL	ESS
	IIN IA 197	1 Amorro		75 0 0	A deritable	v ceduic	E RCH	0
1/6 9	ST. DEV/ 1/1/40		1		CALL HE SHE HE IS IN SHEET THE	E ALEXER FEE	Child Colonia and a second	

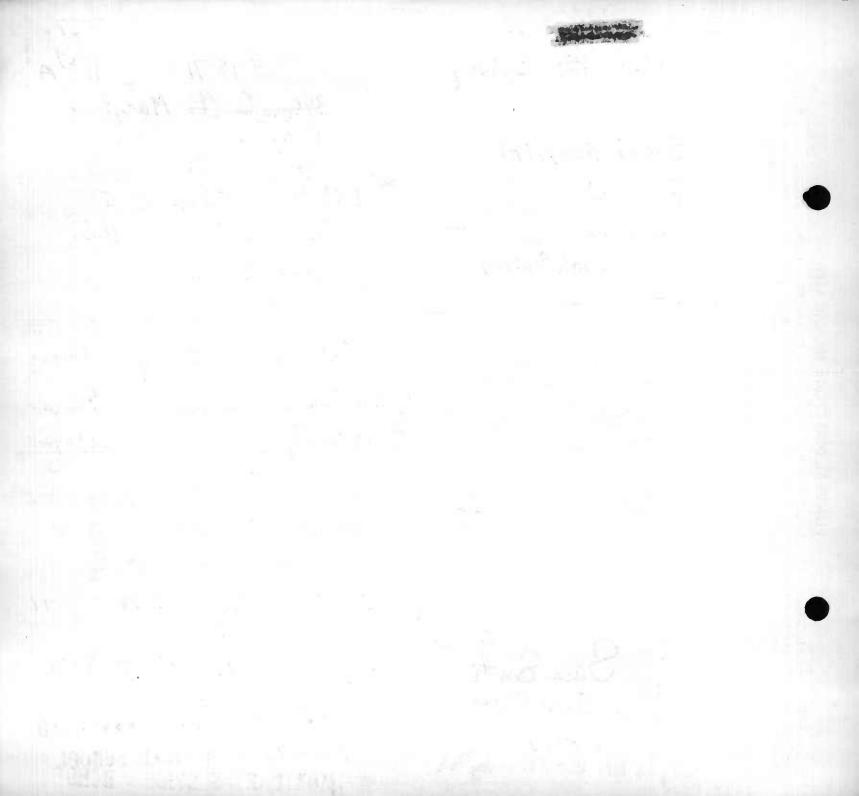




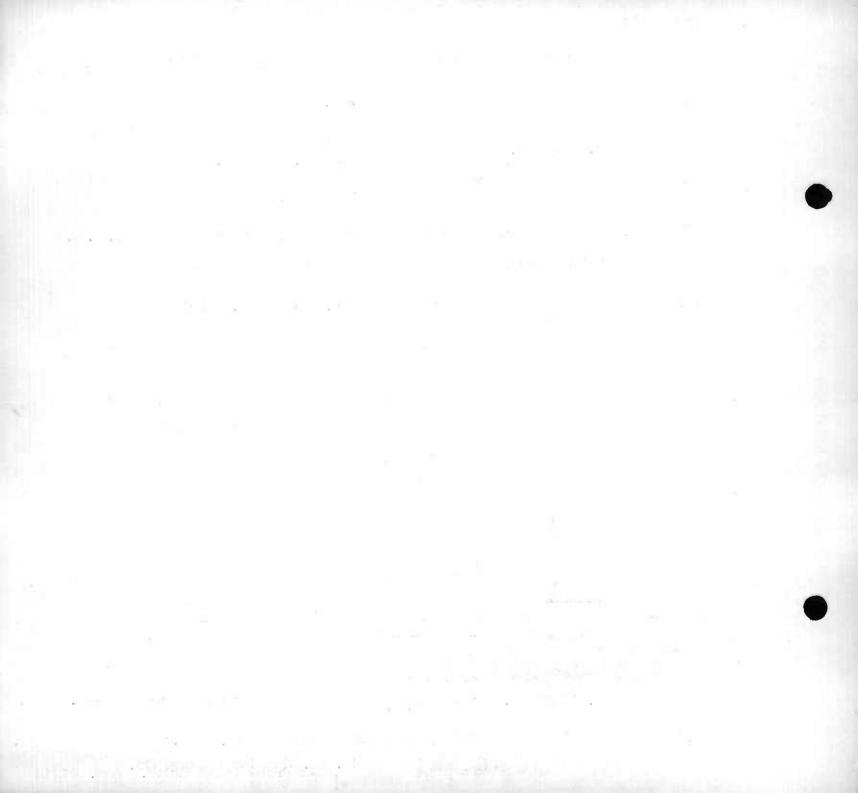


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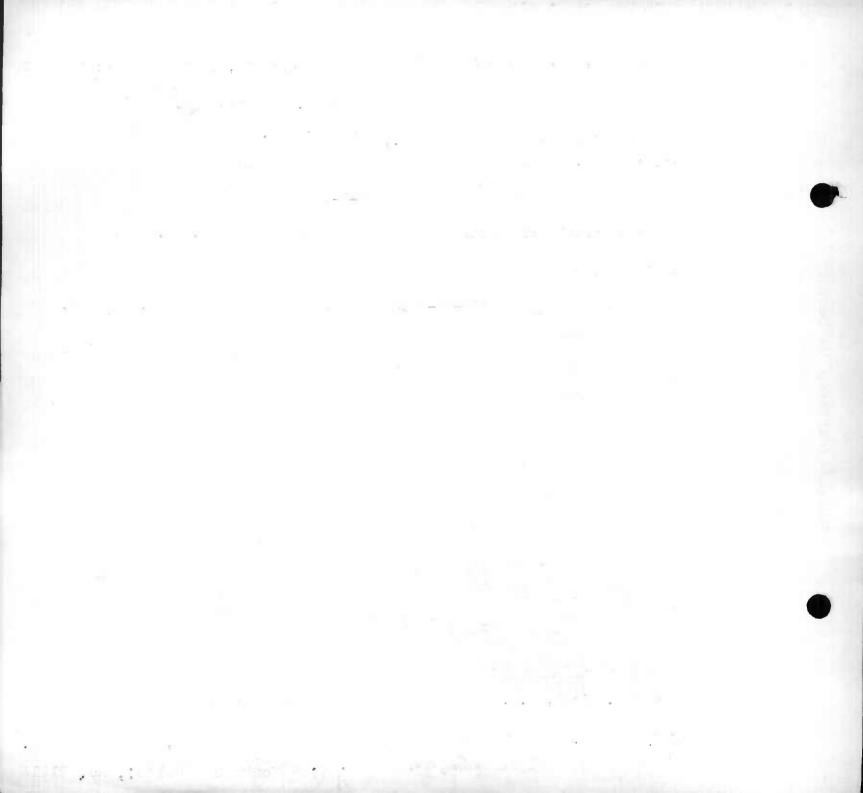
	RTH NO.	5638			HEALTH DEPARTMENT	reg. No. 7	1 5638
	Pe or Print)		ın Ru	uth Williams		ND HOUR OF DEATH	
3.	PLACE IN BALTI	MORE MARYLAND, W					1 LO:00 P. N
HC	ILL NAME OF OSPITAL OR STITUTION	IIF NOT IN HOSPIT ADDRESS OR LOCA	AL OR IN	NSTITUTION, GIVE STREET	Md.		DE CITY LIMITS?
0	70 з	32 E. 28th	St.		Baltimore E. STREET AND NUMBER		YES NO .
5. 3	SEX 6	RACE	7. MARI	RIED NEVER MARRIED DIVORCED	332 E. 28th 8. DATE OF BIRTH 12-27-1899	9. AGE (In years lost birthday)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A	USUAL OCCUP	ATION (Give kind of work		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
GON	Housev			Own Home	Baltimore,	Maryland	U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME	J 0.3.A.
		William 7	udor		Elizabeth	Carman	
15.	Was Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	i yes, give wor or uote	S Of Servi	212-22-4183	Mr. Robert	E. William	ns Same
	18. enf. / C	2,41		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIS	RECTLY				BETWEEN ONSET AND DEATH
		meen the made of	dvina	(A) IMMEDIATE CAU	se Acute myoca	ardial in-	5 min.
	heart failure, as	Sthenia, etc. It means ication which caused	the dise	ase, DUE TO, OR AS	CONSEQUENCE OF: 1'a	rction	
		TECEDENT CAUSES	cecm./				
				(B) Arteri	osclerotic ca A CONSEQUENCE OF:	ardiovascu.	lar 7 yrs.
	rise to the	CONDITIONS, if above cause (A) CONDITION last.	stating	fhe	A CONSEQUENCE OF:	diseas	5 e
	UNDEKLING	CONDITION last.		(c)		*****************************	***************************************
ATION	TO THE DEATH	II ANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PAR	IF TERMIN	First My Second	yocardial inf		964 970
RTIFIC	19A DATE OF O	PERATION 198 CON	DITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exomined		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID to bidg., INJURY OCCUR?	(If In Baltimore	City, give exoct location)
	21 D. TIME (I	Month) (Day) (Year)	(Houd	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	IAPPROX.)			While At Not While Work			
	22. I certify th	ot (1) (this hospital	attenda	ed the deceased from 1/18 1	ch	1963 ta Jui	1e 10. 10.71
		st sow the decease			After to		nion deoth occurred an the date
- 1				e. (1) (We) (did) (dtd-not) vi		in furtility footh abiu	ton death occurred an the date
	23A-SIGNATURE		1	- 1-1 (rie) (aid) (aid not) Vi	an the body after death.		23B, DATE SIGNED
	Lou	for In	1/A	7 M Affer Phys.	ding And.	Staff Phys.	June 11, 1971
	23C. PHYSICIAN NAME CTYPE	The state of the s	pu	PEGACE	3D. ADDRESS	rnys, 🗀	, -//1
	NAME CIPPO	Dr. Lloy	d E.	Saylor M.Decree		mount Aven	nue, Balta y / Md.
24A	BURIAL CREMA	ATION, 248. DATE	240	NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	y, town, or county) 1State)
В	Burial	6-14-	71	Moreland Mem	orial Park B	alto., Co.,	Md
25A	DATE REC'D BY	HEALTH DEPT	258. NAA	AE OE REGISTRAR			
	JUN 1	1971 (laber	8 5 4	aben Ka	H. 4905 Jenk	ins & Sons Road Bal	to.; Md. 21212
VS 1	150-REV. 1/1/68		1 0				, , , , , , , , , , , , , , , , , , , ,



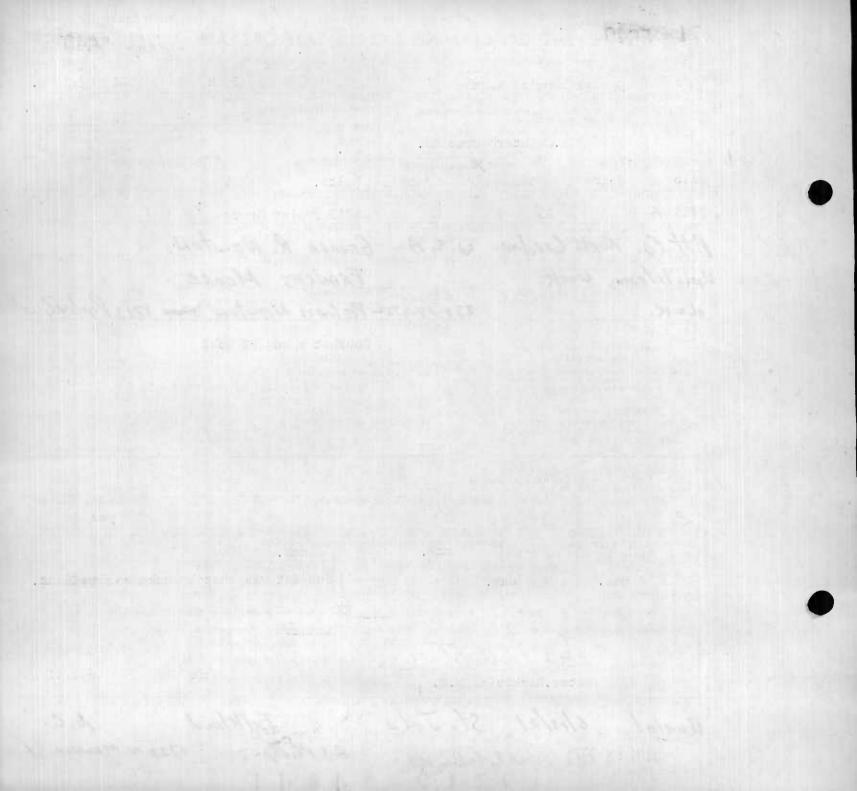
BALTIMORE	CITY	HEALTH	DEPARTMENT	

5639

BIRTH NO. 71	5639		CERTIFICA	TE OF DEAT	H REG. NO.	1 5633
NAME OF DECE				2. DA	TE AND HOUR OF DEATH	
Type or Print)	Towler, Mr.	. Laure:	nce Hall	Ju	ne 12, 1971	1 7:30 AM
PLACE IN BALTI	MORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If i	institution: residence before odmission)
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INST	TUTION, GIVE STREET	C. CITY OR TOWN	ighfield Rd.	21218 / L O/
Keswick H	Home for In	ncurabl	es of Balto.,	Balto. M		YES 🔼 NO 🗌
	Balto. 23	1211 Md		same a	sahove	
М	6. RACE	WIDOWE		9-5-1876	9. AGE (In years lost birthday)	If Under 1 Yz. Il Under 24 Hrs. Months Doys Hours Min.
A. USUAL OCCU	PATION (Give kind of working life, even if refired	ork 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	r loreign country)	12. CITIZEN OF WHAT COUNTR
	yed archit	·	rchitectural		le, Balto. Co	USA
FAIRER S NAM				14. MOTHER'S MAIDEN		
David	Fowler				Brinkley	
Was Decoased I	ever in U. S. Armed I	forces? otes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	NO		220-4446958	Keswick Fi	les 700	W. 40th St.
18.	2.6/1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	OR CONDITION DEATH				P	S. (/
	t mean the made		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	hemorrhay	e 24 as
heort foilure, a	sthenio, etc. It mean	ns the diseos	e,	A CONSEQUENCE OF:	0	
	NTECEDENT CAUS		F. 8	Par F	01/2	,
			(B) aren	A CONSEQUENCE OF:	EVN	may years
rise to the	CONDITIONS, if abave couse (A CONDITION last.			A CONSEQUENCE OF:		, ,
	11					
TO THE DEATH	CANT CONDITIONS C BUT NOT RELATED TO NOTION GIVEN IN P.	THE TERMINAL				
19A. DATE OF	OPERATION 198 CC		WHICH OPERATION	20A. AUTOPST? (Yes	1N CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF nedical examiner	- he	B.PLACE OF INJURY (e.g., in time, form, foctory, street, of c.)	n or about 21 C. WHERE D	ID (if In Boltimo	re City, give exoct facotion)
OF INJURY	Month) (Day) (Yea		E INJURY OCCURRED		INJURY OCCUR?	
(APPROX)			/hile At Not While At Work			
	ho((1) (this hospit ost sow the decea		the deceosed from	Jan.	19 6 7 to 1	2 June 19 7/
			(1) (We) (did) (did not) v			inion death occurred on the dot
23A. SIGNATUR		uled obove	(i) (ua) (aid) (aid viot) A	lew the body offer de	ath.	23 B, DATE SIGNED
14	arold,	P. Pn	ele Morgres Phys	nding Med.	Stoff Phys.	12 Lene 1971
23C. PHYSICIAN NAME (Typ Harol	d P. Biehl	, м.р.		23D. ADDRESS 301	strong 1	(2.6)
1	ATION, 248, DATE		DEGREE NAME of CEMETERY of CRE	MATORY 24		ity, town, or county) (Stote)
Burial	1 ,	5-1971	Loudon Park		Baltimore	
	Y HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
JUN	14 19/1	Jabert E.	Valory 18.4	H. Woole	nkins & Sons	1148: Md. 21212



Py.	-	- 40					ALTH DEPA					
1		640 M	IEDIC	AL E	XAMIN	IER'S	CERTIFI	CATE OF	DEAT	H REG. NO	21 5	640
I. NAA	ME OF DEC	EASED					2. DATE	Known XX	Month	Doy	Yeor	Hour
		George D					OF DEATH	Estimoted	June	6	1971	12:30 p.M.
	AME OF	(IF NOT IN HO ADDRESS OR	OSPITAL OF	RINSTITUT	OUNCED DE		3. DATE PRONO	UNCED DEAD	Month June	Doy 6	1971	12:30 p.
	TITUTION	3700 B1k			ourne Ro	i.	5. USUAL R A. STAJE Md.	ESIDENCE (When	e dece osed liv			before odmission)
6. SEX		7. RACE	8. _A	MARRIED	NEVER M	APPIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	500
ma1	.e	Negro		DOWED		ORCED	Balt	0.			ES 🗆	NO 🗆
	E OF BIRTH		GE (In year irthdoy) 25	ors If U	Inder 1 Yr. If Unths Doys H			AND NUMBER Poplar G	rove			
11. BIRT	HPLACE (S	North	CAROL	1	CITIZEN OF	ITRY	13. FATHER	'S NAME	VEWT	LON		
14A.USI	UAL OCCUP	PATION (Give kind o orking life, even lifre	fwork 14B.						ME		- 1	
uph	ols TE	AINS WOR	K				FRA	NCES 1	MOOK	E		
(Yes, 90	or unknown)	D EVER IN U.S. A (If yes, give wor or			17. SOCIAL SECURI	TY NO.	18. INFOR	1	1		DDRESS	1 1.1.
119	v. K,	J-J798 V.			238-7	4-872 ISE OF DEA	1 1 1 1 1	RIS NE	Now	3700	17/3/	PPROXIMATE INTERVAL
1	=7	601X			CAU	ISE OF DEA		ot wound o	of bood			VEEN ONSET AND DEATH
		OR CONDITION EADING TO DEAT			4.11	MAN EDIATE		or would	JI Head			
		ot meon the mode osthenio, etc. It med			(A).	DUE TO, OR	AS A CONSEC	UEN CE OF:				
i	njury or com	plication which cous	ed deoth.)									
		ITECEDENT CAUS			(B)_							
F	DISEASES C	ABOVE CAUSE (A	F ANY, GIV	VING THE		DUE TO, OR	AS A CONSE	QUENCE OF:				
1 1	JNDERLYIN	G CONDITION L	AST.		(c)-							
	O THE DEA	II IFICANT CONDITION ITH BUT NOT RELAT	ED TO THE	TERMINAL								
20 A		OPERATION 208.			WHICH OPE	RATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes or No)
12	1										ye	es
O UN	DERLYING	NAL CAUSE WAS		22B. hom	PLACE OF II	y, street, offi	in or obout : ce bldg., etc.)	22C. WHERE DID NJURY OCCUR? unk.	(If in Boltimor	e City, give ex	oct locotion)	
≥ 220	. TIME (Month) (Doy)	(Year)	(Hour)	22E.INJURY C		:	2F. HOW DID IN	JURY OCCL	IR?		
	PROX.)	unk.			WHILE AT WORK		WHILE S	Subject wa	s shot	by unk	nown a	ssailant.
25.	I certi	fy that I held or	Inqui	iry 🔲	Inspection	n 🗆 Au	topsy XX	ond that on t	his bosis,	deoth in my	opinian	
	result	ed from: Natura			Accident 🔲			omicideXX		ned monner		
		1	/	/ , ,,	ATTI	-		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNATU	IRE	11	N	yuu	L M	ASS	STANT MEDICAL	EXAMINER			
Ш	EXAMINE NAME (T	ype)			e, M.D.			CIATE MEDICAL		(X)		6/7/71
REMO	URIAL CREN		ATE /S	/ 2	4C. NAME of	CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	(Stote)
	ATE REC'D	BY HEALTH DEPT.	2:	5B. NAMI	E OF REGISTI	RAR	25C.	FUNERAL DIRECT	OR	1	ADDRESS	101-
l-	JUI	. 4			Jaben 1	42, s	A.	s. Phillips		1727	NIM	ONRIE SX.
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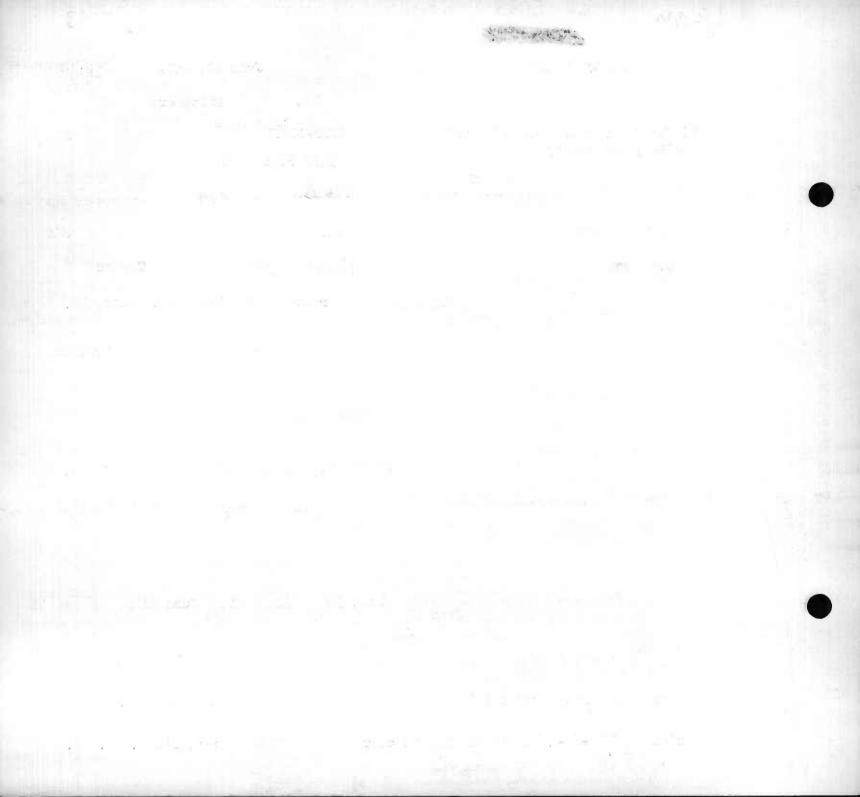
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0-3. PLACE IN BALTIMORE MARYLAND. 4. USUAL RESIDENCE (Where deceased fived, Il institution: residence A. STATE 8. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION Md (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS? rbor View NCC More YES -NO 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 His. Hours WIDOWED DIVORCED XXXX 71 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Sales Clerk Bragers Gutmans Maryland U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME eor98 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. 216-07-7476 Mrs. Evelyn Engel, 546 Parksley Ave. 21223 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hear) failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Yeoi) (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While White At (APPROX.) Work At Work 22. I certify that (I) (skits hospital) attended the deceased from that (1) (we) last saw the deceased alive on ond that In (my) (eur) opinion death occurred on the date and hour and from the couses stoted obave. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending | Phys. Director L 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION town, or county) 6-12-1971 Burial Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

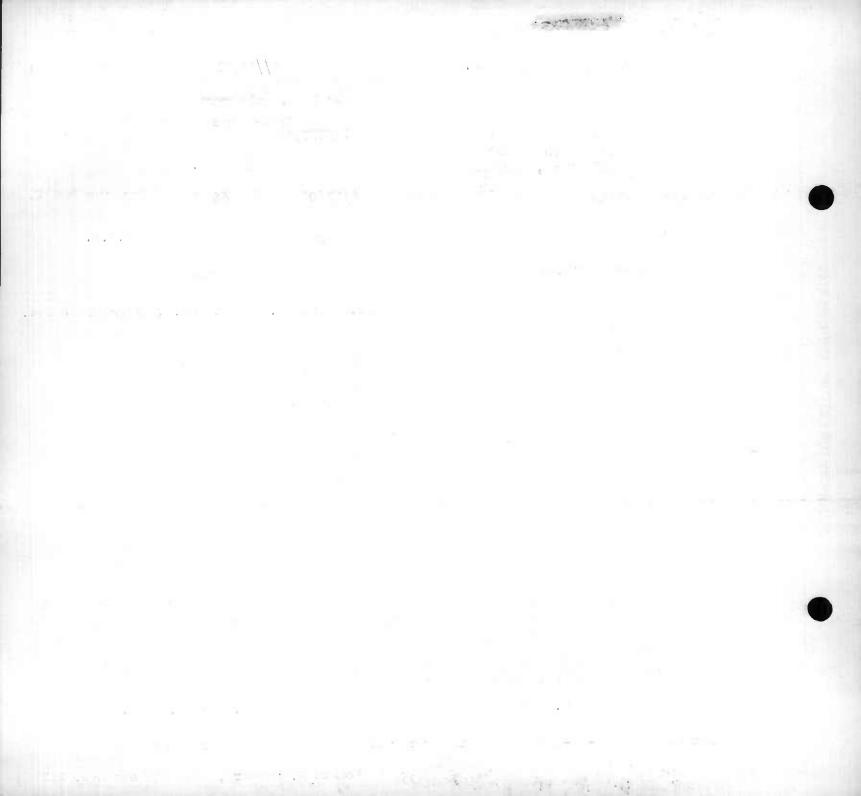
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	0 200 71	5643	BALTIMORE CITY	HEALTH DEPARTME	NT	74	5643
Z	RTH NO.		CERTIFICA	TE OF DEAT	TH REG. NO.		99.4g
1,1	NAME OF DECEASED	100		2. DA	TE AND HOUR OF DEAT	н	
(1)	Lee Tyler	Peck			June 11, 19		2:40 A
3,	PLACE IN BALTIMORE, MARYLAND	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, if	institution:	residence before odmis
FL	JLL NAME OF (IF NOT IN HO) OSPITAL OR ADDRESS OR LO	PITAL OR INSTI	TUTION, GIVE STREET	Md.	Baltim	ore	530
IN				C. CITY OR TOWN I	ansdowne D. II	ISIDE CITY	
7	US Public Health & 3100 Wyman Parkwa		lospitar	E. STREET AND NUM		YES] NO 🛚
X	3100 Wymaii Parkwa	Ŋ		3235 Be			
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Und	er 1 Yr. , II Under 24
	M W	WIDOWE		7/10/30	lost birthdoy)	Months	Poys Hours M
10/	LUSUAL OCCUPATION (Give kind of	rock 108, KIND C			or foreign country!	112, CIT	ZEN OF WHAT COU
dar	ne during most of working life, even if retire Sign painter	d) [Pa.		12.011	
13.	FATHER'S NAME			14. MOTHER'S MAIDE	*****		USA
						m	
6	Roy Peck			ZXXXXXXXX	Evalyı	n Ta	ylor
Ye	Was Deceased Ever in U. S. Armed s, no or unknown! (If yes, give war or o	torces? oles of servicel	SECURITY NO.	17. INFORMANT			ADDRESS
	No		217-24-8556	Records- U	S PHS Hospita	al, Ba	lto, Md.
	18.5 6 7.4 IV	186X	CAUSE OF DEATH	1			APPROXIMATE INTERV
	DISEASE OR CONDITION	DIRECTLY					BETWEEN ONSET AND D
	LEADING TO DEAT	- •	(A)IMMEDIATE CAU	se Peritoni	tis		Unknown
	(This does not maon the mode heart failure, asthenia, etc. Il med	ns the disease	DUE TO, OR AS	A CONSEQUENCE OF:	******************************	*************	
	injury or complication which caus	ed death.)	•				
	ANTECEDENT CAUS		(R)				
	DISEASES OR CONDITIONS,	f ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	************		
	inse to the above cause to UNDERLYING CONDITION last.	V) sloling the	(c)				
þ	- 11		(-/				
ATION	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO	THE TERMINAL	Se	eminoma, diss	eminated		42 yrs.
U	DISEASE OR CONDITION GIVEN IN F	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 208 IF YES, WERI IN CERTIFYING C YES	FINDINGS	CONSIDERED
CERTIFI	2 -1			yes	yes yes	AUSES OF	DEATH?
	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	211	PLACE OF INJURY (e.g., in ne, form, foctory, street, off	or about 21 C. WHERE D	ID fif in Rolling		re exact location)
9 1	DEATH (notify medical examiner)	elc)	ice orași intoki occo	N.		
	21 D. TIME (Month) (Doy) (Yes	r) (Hour) 216	INJURY OCCURRED	21 F. HOW DIE	NJURY OCCUR?		
3	(APPROX)		nile At Not While	I			
-	22 1 16 1 42 (-1)	We		<u> </u>			
	22. I certify that (1) (this hospit			Mar 30	19 <u>71</u>		19
- 1	that (I) (we) lost sow the decea		June 11	19 <u>71</u> or	nd that In (my) (our) or	inion dea	th accurred on the
	and hour and from the causes s	ated above/ (1) (We) (did) (d/d/ not) vi	ew the body after de	ath.		
	23A. SIGNATURE	MA			A 181 A335	238, DAT	E SIGNED
	Samuel P. Ward	/K.D.	Atten Phys.	ding Med.	Staff X	6	/11/71
	23C.PHYSICIAN'S NAME (Tyge)		PLOKEL	3D. ADDRESS			
	Samuel P. Ward,	Surgeon	(R)	US PHS	Hospital, Bal	to, Md	
4A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY OF CRE			ity, town, o	
	Burial 6-14-	1971 Ce	dar Hill Cemet	erv	Ritchie Hwy, E		
5A		2-58- E- 30	OF REGISTRAR	25C. FUNERAL DIREC	CTOR IN y , I		ADDRESS
	2011 T# 1211 NO	C. 40	aben, M.D.				
/S	150-PEV 1/1/68						



5 211	12.1	BALTIM	ORE CITY	HEALTH DEPARTMENT	X	74 5034
BIRTH NO.		5644 CERT	TIFICA	TE OF DEATH	REG. NO	71 0644
1. NAME OF DECE				2. DATE AN	D HOUR OF DEATH	
	STOVER, KATH			61/	11/71	11:20 A
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD		4. USUAL RESIDENCE IWhen	e deceased lived. If in	nstitution: lesidence before admissio
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE ST	TREET	Maryland, Ba	ltimore	530
1143111011014	ST. AGNES	HOSDITAL		c. CITY OR TOWN Halet	horpe D. INS	IDE CITY LIMITS?
41	900 Caton			E. STREET AND NUMBER		YES NO A
10	~	. Maryland		1805 WOODS	ישעו א ישורדי	
5. SEX	6. RACE	7. MARRIED X NEVER MAR	20100		9. AGE (In years	
Female	White	WIDOWED DIVO	RCED	6/17/06	lost birthdoyl 64	if Under 1 Yz. If Under 24 Ho Months Doys Hours Min.
done during most of w	PATION (Give kind of work orking tile, even if retired)	108 KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE State or foreign	gn country)	12. CITIZEN OF WHAT COUNT
lousewife				Man 1 - 1		II C A
3. FATHER'S NAM	IE .			Maryland 14. MOTHER'S MAIDEN NAM	A F	U.S.A.
	. 1			THE PROPERTY OF THE PARTY OF TH	16	
	ephen Goetz			Julianna	Popwitz	
Yes, no or unknown)	(If yes, give wor or date:	s al service) 1 6. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS 212
No				Mr. Edward V. S	tover, Sr.	1805 Woodsise Ave
18. 44 95	1 /		OF DEATH	0 -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE	OR CONDITION DIR	ECTLY		5, 0		BEI WEEN ONSE! AND DEA
	EADING TO DEATH	(A)IMME	DIATE CAU	is 6 myly	sen	0
heart failure, a	I mean the made of sthenia, etc. Il means	the disease,	TO, OR AS A	CONSEQUENCE OF:		
injury or comp	licotion which caused	death.)	/	076		l
A	NTECEDENT CAUSES	(n) X	Lea	K5 X R. ST	true le	
DISEASES OF	CONDITIONS, if	iny, giving (8)—(UE 1	TO, OR AS	CONSEQUENCE OF:	/	
rise to the	obove cause (A) CONDITION last					
ONDEREIMO		(C)				
OTHER SIGNIE	II CANT CONDITIONS CON	ITOIDIITING /	10 "			
TO THE DEATH	BUT NOT RELATED TO TH	E TERMINAL /	Xx	copera	is	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT	NDITION GIVEN IN PART	I (A).	ON	[20A. AUTOPSY? (Yes or No)]	200 15 456 44506 5	This large constitution
	WAS PERF	ORMED		Tora Adjorst, ties of ito	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR COMPRISING	WAS UNDERLYING	21 B. PLACE OF INJI	URY (e.g., In	ar about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	e City, give exoct location)
DEATH (notify in	nedical examined	etc.)				
OF INJURY	Manth) (Day) (Year)	(Houd 21E INJURY OCCU	RRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.)		While At	Not While At Work			
22 1	Land (1) Value to a start)			7		}
Abox (1) ()	noticity into naspital)	attended the deceased fr	rom	/		ene 11 197/
	ost saw the deceased			19 <u>7/</u> ond that	t in (my) (our) opin	nion death occurred on the da
and hour and	from the causes state	ed abave (i) (We) (did) (d	ld not) vi	ew the bady after death.		
23A SIGNATUR		1- 6.				23B. DATE SIGNED
100	116	Trees 11/10		Med. S	hoff hys.	6/11/7/
23C. PHYSICIAN	's	V	ONLE	D. ADDRESS	ny a	
THE LIVE	John C.	Healy /		1211 Example 4	D 11.	24.1
4A. BURIAL CREM		24C, NAME of CEMETE	GEGREE PY OF CREA	1311 Francis Av		
REMOVAL (Sp.				111	CATION [Cit	y, town, or county) (Siole)
Burial	6-14-19	71 Holy Cross (Cemete		altimore, Ma	aryland
SA. DATE REC'D B	HEALTH DEPT.	258 NAMETOF REGISTRAR		25C. FUNERAL DIRECTOR		ADDRESS
JUIT .	7.3 1011	7 1	3	Howard H. Hubl	bard, 4107 1	Wilkens Ave. 21229
S 150-REV. 1/1/68		9 3				



IMPORTAN

DIRECTOR:

FUNERAL

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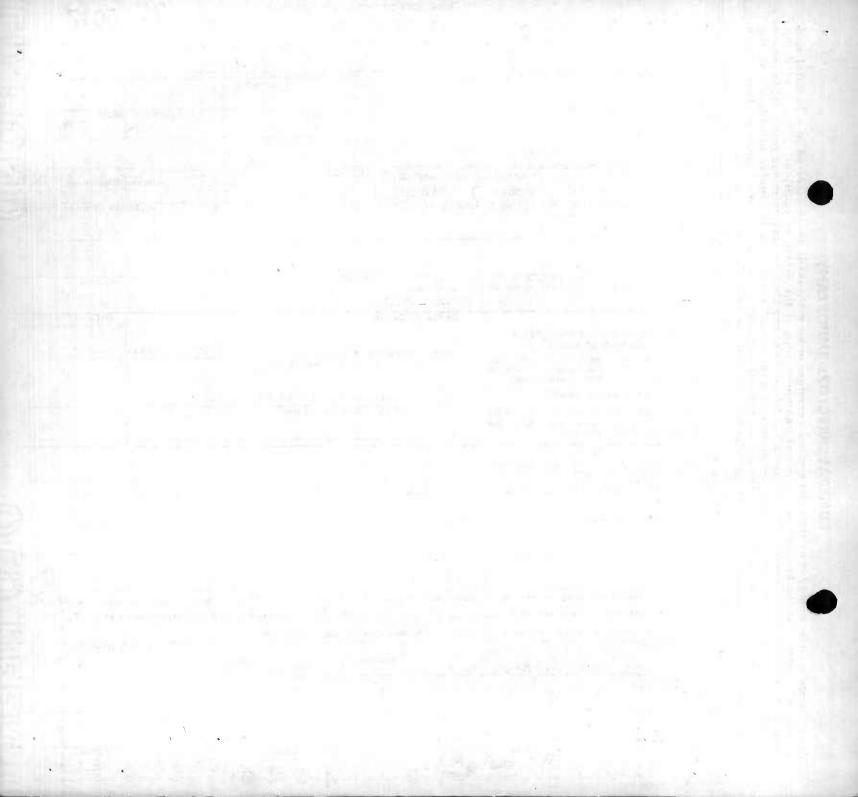
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DIRECTOR:

FUNERAL

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1/ 020	BALTIMORE CITY	HEALTH DEPARTMENT		71 5010
вит но. 71 5847	CERTIFICA	TE OF DEATH	REG. NO	0647
T.NAME OF DECEASED (Type or Print) Anastasia Yo	X		NO HOUR OF DEATH	1 8 15 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived, It	
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	Md.		ISIDE CITY LIMITS?
428.B.G. H.		Baltimore E. STREET AND NUMBER	ی ا	YES NO
		116 Sterre	tt st.	21230
S. SEK G. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3/18/16	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 His. Months: Days Haus Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF		11. BIRTHPLACE (State of fore	eign country)	12. CITIZEN OF WHAT COUNTRY
House wife		New You	K	4.5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
? unknown (dec.)		Barbara L. L	onenze	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- 8	ADDRESS
	159-09-2012	Hospital	alast	
18. 1997	CAUSE OF DEAT	1 (10spx 100)	chair	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	/ANIMMEDIATE CALL	SE Metastatic	Adenog	akcinoma
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
injury or complication which caused death.)				
ANTECEDENT CAUSES	1 Primi	iry Undete	er nuned	
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	ary Undete		***********************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	4.4			
ONDERLING CONDITION 1885.	(c)			************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	Ves	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF 60CM DEATH (notify medical examines) elast	PLACE OF INJURY (e.g., ir e, form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimo	ore City, give exoct location)
~	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
IAPPROX.) Whi	ile At Not While			
22. I certify that (t) (this hospital) attended the		-1	** 7.	6/11 10 7/
that (t) (we) last saw the deceased alive an	6/11	19 71 and th	19 <u>7(</u> to nat in (my) (our) ap	Inlon death occurred on the date
and hour and from the causes stated above. (i) (We) (did) (did not) v	ew the body after death.		
23A. SIGNATURE				23 B DATE SIGNED
James a. Korner	M-) DEGREE Phys	ding Med.	Staff Phys.	6/11/11/
23C/PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		1 /1/1
James A. Kop	PER MI	SBG	H	
4A, BURIAL CREMATION, 24B, DATE 24C NA	ME OF CEMETERY OF CRE			ity, town, or county) (State)
REMOVAL (Specify)	t Lawn (emeter		Balto Nat'L	
		Q		
ISA, DATE REC'D BY HEALTH DEPT. 25E NAME	ALL CO	MG (yelly F		130 E. Fort Ave.
/S 150-REV, 1/1/68		1 1 6 4	-	



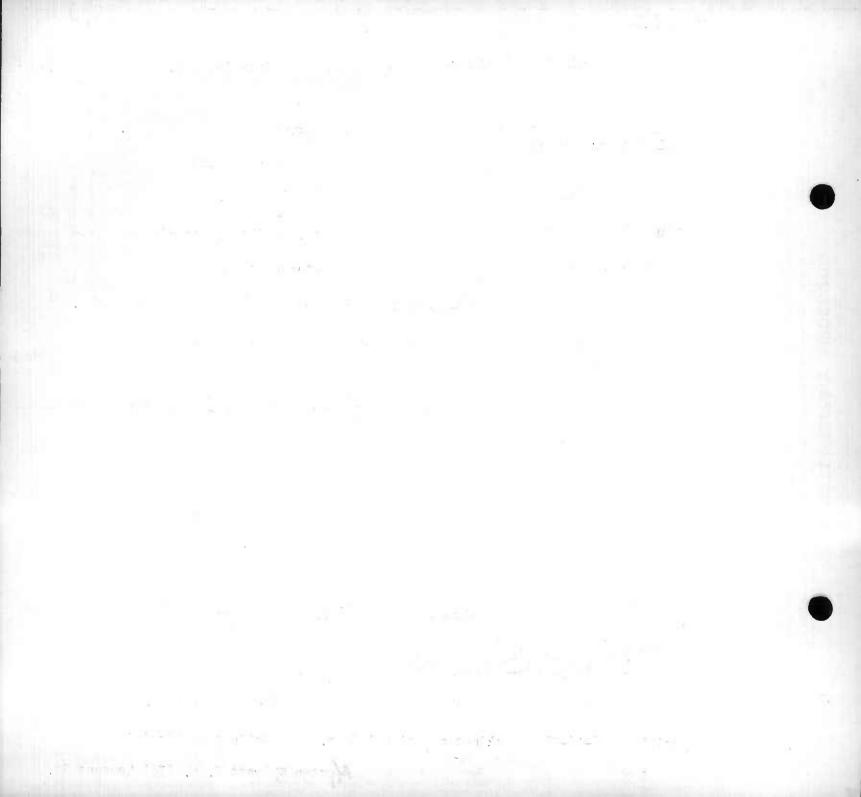
	8-430 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 5648
1	BIRTH NO. 71 5648 CERTIFICATE OF DEATH REG. NO. 71 5648
	NAME OF DECEASED Type or Print) 2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OF ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OF C. CITY OR TOWN DUINSIDE CITY LIMITS?
*	Maryland General H E. STREET AND NUMBER
5	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if Under 14 Hrs.
	Male White WIDOWED DIVORCED 5/16/25 lost bigthdoy) Months Doys Hours Min.
d	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Operator DRG. W.g. Munitioner Michigan USA.
	Frank Blood (9) ELLEUIG OWER (9)
1	5. Wos Deceosed Ever In U. S. Armed Forces? 176. SOCIAL 17. INFORMANT
1	465 Navy 1943-1946313-14-3062 Betty & Blood Same as # ABOTE
1	CAUSE OF DEATH APPROXIMATE INVENTAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g.,
	heart foilure, osthenio, etc. It means the disease, injury ar complication which caused death.) Output Outpu
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
	UNDERLYING CONDITION last. (c) 2 harman Tent Vicinis
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
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11	(APPROX) While At Work At Work
	22. 1 certify that (1) (this hospital) ottended the deceased from
	that (I) (we) lost sow the deceosed alive on
	ond hour ond from the couses stoted above. (1) (We) (did) (did nat) view the body ofter death.
	Michael Attending Med. Shaff As
	23C. PHYSICIAN'S NAME (Type) MI Charles A Silver man MD 23D ADDRESS White the state of the st
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY 24D. COCATION (City, town, or county) (Stote)
1	emoral-Barial 6/5/1821 Port Dicitor Otio
	25C. FUNERAL DIRECTOR ADDRESS CONTROL OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS CONTROL OF THE PROPERTY OF
V	150-REV. 1/1/68

Children Consequent & Yarrang Marine Land

VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68



25C. FUNERAL DIRECTOR

ADDRESS

Morton & Dyett F. H. 1701 Laurens St.

25 A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B, NAME OF REGISTRAR

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V. S. N. L.
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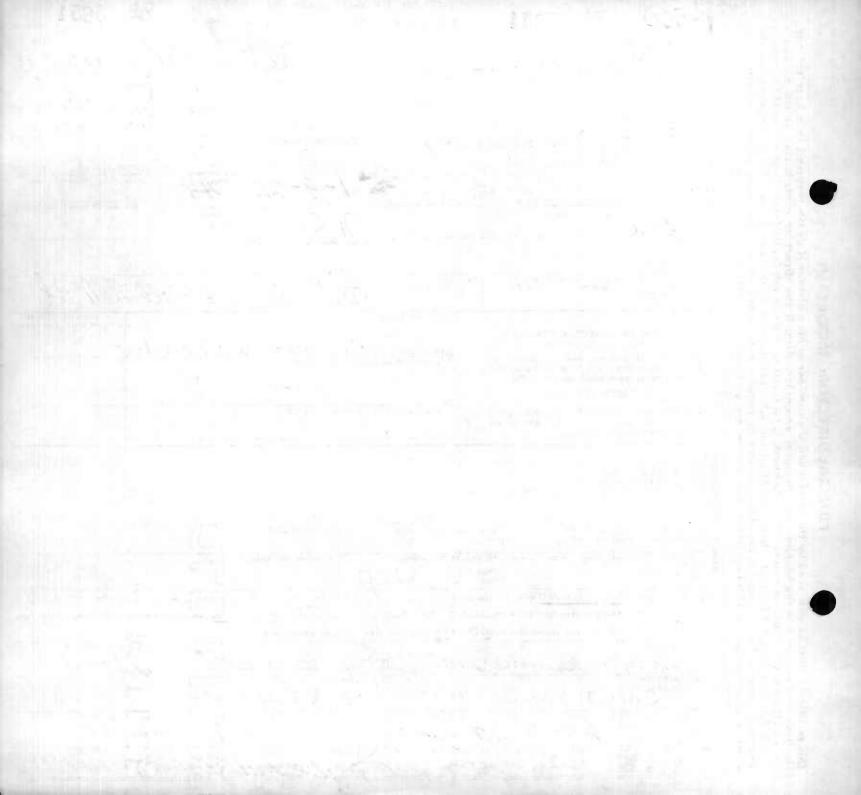
R.	100	71 56	59	BALTIMORE CITY			and No	71	FOES
BIRTH NO			J3	CERTIFICA	TE OF DI	EATH	REG. NO	(1	- 5534
(Type or Pr	DECEASED		**				ND HOUR OF DEATH		
3. PLACE	IN BALTIMO	. William	Henry	UNCED DEAD	A HISHAL BEST	6/9/	71 ere deceased lived. II i	1	**
		The state of the s	HERE PRONO	ONCED DEAD	A. STATE	B. COU	NTY	institution; je	sidence belore odmis
FULL NAM	UK .	IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md.		imore City		16.0
INSTITUTIO					C. CITY OR TOW	n imore	D. IN	SIDE CITY LI	
		rsing Home	9		E. STREET AND			YES X	NO 🗌
6000	St. Pa	ul Street			625 Nor	th Cox	ev Street		
5. SEX	6. RA	CE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	H Car	9. AGE (In veors	ti Under	1 Yr. Il Under 24
M	Ne	gro	WIDOWED		10/18/1	Q1 1	last birthday) 59	Months	Doys Haus Mi
IOA. USUAL	OCCUPATION	ON (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stote or lor	eign country)	12. CITIZ	EN OF WHAT COU
		lile, even il retired)			Dd -h	1 17 -			
13. FATHER	Mechani 'S NAME				Richmon	d, Va.	MF	U	SA
W411	iam Ros								
			000?	1 6. SOCIAL	Henriet	ta Kos		158	
		n U. S. Armed Fores, give war ar dote		SECURITY NO.	17. INFORMANT				on Avenue
Yes	1/	20/43-1/29	9/46	218-10-4169		t McDa	niels Balt	o., Md	
18.	621	/ 1		CAUSE OF DEAT	Н			l _B	APPROXIMATE INTERV
		CONDITION DIR	ECTLY		(0		in Lung		7
(This	loes nal me	on the mode at	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE		1		
hearl	ailure, asthe	nia, etc. Il means on which caused	the disease.	DUE 10, OR AS	A CONSEQUENCE	Or:)	1	
		CEDENT CAUSES			2 he	Kan	of ans		
DISEA		ONDITIONS, if	inv. aivina	(B)	A CONSPOLIENCE	OF:	************		
nse	la the abo	ve cause (A)	stating the		N	X	white		7
UNDE	KLYING COI	NDITION last.		(c)	20-00-1	1000			
Z OTHER	RIGNIEICANT	CONDITIONS COL	ITDIDITING						
E TO THE	DEATH BUT	NOT RELATED TO TH	E TERMINAL	***************************************					
19A.DA	TE OF OPER	ATION 198 CON	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY	? (Yes or N	ol 208, IF YES. WERE	FINDINGS	CONSIDERED
		WAS PERF	ORMED		1	0	IN CERTIFYING CA	USES OF D	EATH?
21A. AI	CIDENT WA	S UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	ar obout 21 C. WH	ERE DID	(II In Boltimor	re City, give	exoct location)
DEATH	(notily medic	ol exomined	etc.)	e, form, foctory, street, al	nea mog- INJUKT	OCCUR			
Q 21 D. TI		h) (Doy) (Year)		INJURY OCCURRED	21F. HO	W DID IN	IURY OCCUR?		
S OF INJ			While	le At Not While					
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1				//~	1.071		19 7/ 10 9	19	19_2/
		saw the decease		·			nat in (my) (our) opi	nion death	occurred on the
	Ur and fram	the causes stote	ed above. (!)	(We) (did) (did nat) v	lew the body af	er death.			
2376 310	MAIURE	0	R1	Atte	nding Me		s. # ==	23B, DATE	SIGNED
22.0 8:	m	of so	Alle	DEGREE Phys	. LES DIN	ector \Box	Staff Phys.	6/	12/7/
NA NA	YSICIAN'S ME Typel	dos.5	BLU	M MD	3D. ADDRESS	5-1	V. CAL	VER	7 8
24A. BURIA	L CREMATIO	N, 24B, DATE	24C. NA	ME OF CEMETERY OF CRE	MATORY	24D. L	OCATION (C	ty, town, or	countyl (State
	VAL (Specily)		De 1						
	rial REC'D BY HE	6/14/71		timore Nation	al Cemete		ltimore, Ma	ryland	A DORECC
	ILINI 1 A	1977	5 2. C dg	व्यवस्थातम्,	MORTON	& DYET	T FUNERAL H	OME	ADDRESS

25C. FUNERAL DIRECTOR MORTON & DYETT

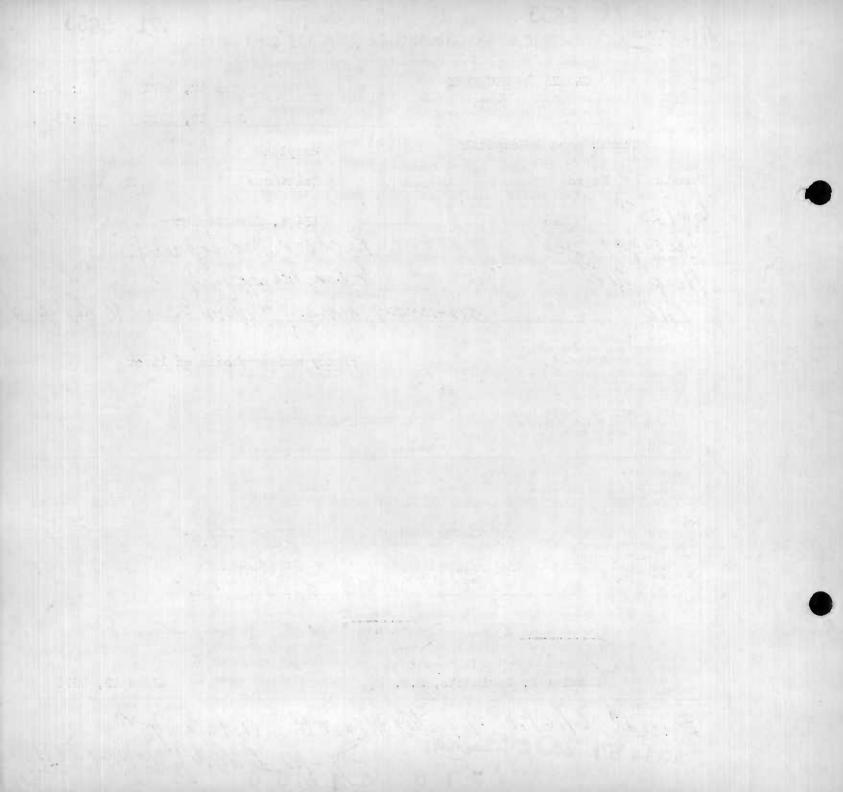
FUNERAL HOME



DELD WILL	BALTIMORE CITY	Y HEALTH DEPARTMENT		71 5654
9-500 71 5654	CERTIFICA	TE OF DEATH	REG. NO	T 0004
1. NAME OF DECEASED (Type or Print) Payne, John		100	une 19	11 12:05 PM
3. PLACE IN BALTIMORE MARYLAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If	
FULL NAME OF (IF NOT IN HOSPITAL OR INS		MARYLAND	BAL	TIMORE CITY/00
Johns Hopt	rins Hosp.	BALT I MORE	D. IN	YES NO
33 601 N Bro	adway	E. STREET AND NUMBER		165
Balt. Hd	1	1403 ASHL	AND AVEN	UE
SEX 6. RACE 7- MARRIE	ED NEVER MARRIED		AGE (In years	If Under 1 Yt., If Under 24 Hrs.
MALE NEGRO WIDOW	ED DIVORCED	1-9-22	ost birthdoff 9	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorein	gn country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		7.C.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
		The state of the s		
FORMAN	11/ 00000	NICIE GREEN		
S. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) lif yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	:11 .1 77	- 10 ADDRESS DU
NO		Mel allen	4616 P	all klase ka
18.4,2/.41	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA!	use Cerebrovas	aular Ac	cident
(This does not mean the mode of dying, e. heart failure, asthenia, etc. it means the diseas		A CONSEQUENCE OF:	90.101.110	
injury or camplication which caused death.)	144			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, givin	DUE TO, OR AS	A CONSEQUENCE OF:		************************************
rise to the above cause (A) stating the	he			
UNDERLYING CONDITION last	(c)	***************************************		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA L DISEASE OR CONDITION GIVEN IN PART 1 (A).	G			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	101011110000000000000000000000000000000			
19A DATE OF OPERATION 19B CONDITION FO	R WHICH OPERATION	20A. AUTOPSY! (Yes or No)	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
214 46619 14 14 14 14 14 14 14 14 14 14 14 14 14		NO		
OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., i	fice bidge INJURY OCCUR?	(If In Baltime	ore City, give exoct location)
	e(c)			
21D.TIME (Month) (Day) (Year) (Haus) 2	IL INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	While At Not While Work At Wark	• 🗆		
		1 (1)	1/ /2	Aire 10 7/
22. I certify that (i) (this hospital) attended	12.0	7		
that (1) (we) last saw the deceased alive an	· june	19ond tha	t in (my) (aur) op	inlan death occurred on the date
and hour and from the causes stoted above.	(i) (We) (did) (did not) v			
23A. SIGNATURE				23 B. DATE SIGNED
Herex M Kamms	EN MA AHO	inding Med. S	hys.	12 Alews 1971
23C. PHYSICIAMS NAME (Type)	DEGREE	23D. ADDRESS	nys.	The Just of
	CHD		duan	
Gary M Kammo	DEGREE	007.0		
REMOVAL (Specify) 248 DATE 24C.	NAME of CEMETERY OF CRI	EMATORY 24D. LO	CATION / /	city, town, or county! (Stote)
Bureal 6/16/11/1	MT Cardry	0 //	1.111100	mily. Then
# # # # # # # # # # # # # # # # # # #	OF REGISTRAR	25C. FUNERAL DIRECTOR	10)	ADDRESS
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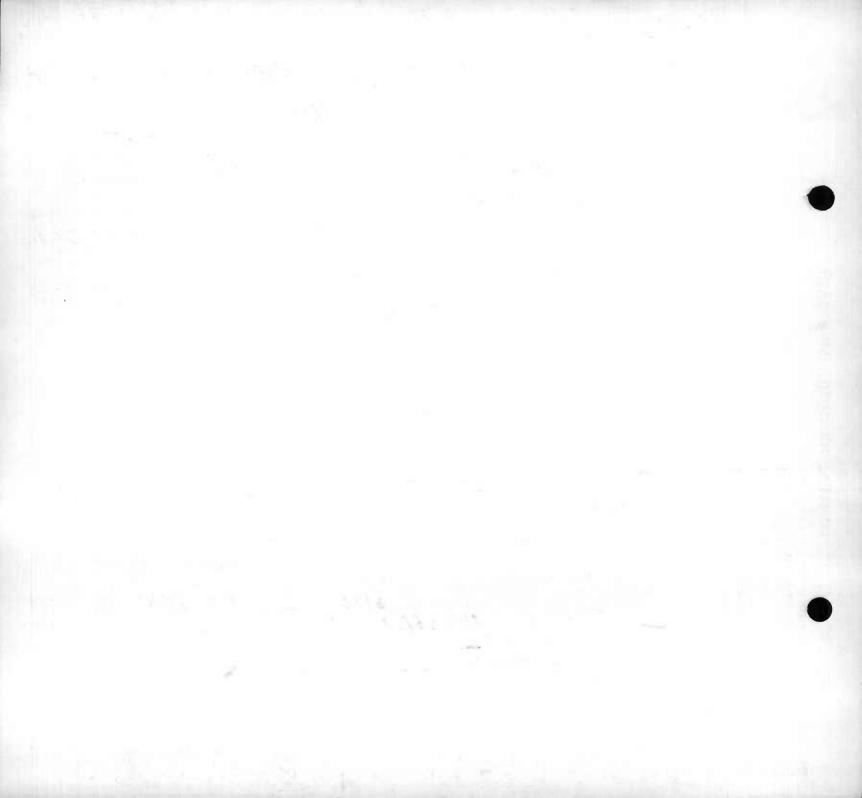
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11)-416	71	56 55		Y HEALTH DEPARTMENT	71 REG. NO.	5 656
INAME OF DECEA		0000	CERTIFICA		D HOUR OF DEATH	
(Type or Print)		TH, HAZI	FI	JUNE		10.201
	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4 USUAL RESIDENCE (Where	decensed lived If incli	itution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION		TTAL OR INSTIT	UTION, GIVE STREET	MARYLAND C	I _A TY	21223 2 0 05 E CITY LIMITS?
40	ST. AGN	NES HOS	PITAL	BALTIMORE E. STREET AND NUMBER 301 S. SMALL		YES NO
FEMALE	WHITE	WIDOWED		102 18 01	70	If Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
toA. USUAL OCCUP	ATION (Give kind of working life, even if retired	ork 108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or loreig	n Countryl	12. CITIZEN OF WHAT COUNTRY?
TAVERN	-	TAVE	RN	MARYLAND		U.S.A.
13. FATHER'S NAMI	E			14. MOTHER'S MAIDEN NAM	NE .	0.5.6
16.00						
(Yes, no or unknown)	ver in U. S. Armed F If yes, give war or do	orces: oles of service)	16. SOCIAL SECURITY NO. 219 32 003	17. INFORMANT WILKE 2 ST. AGNES HO	NS AVES B	BALTO MD 21229 S-CATON &
18. 4/0	19 X	1501	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION D		/	0/	1	DETWEEN ONSET AND DEATH
	EADING TO DEAT! mean the made of	-	(A) IMMEDIATE CA	USE Ill Modary	Edoura	***************************************
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	NTECEDENT CAUSE			11. 1 T. E	tion.	
	CONDITIONS, if		(B) DUE IO, OR A	S A CONSEQUENCE OF:	16/100	
rise to the	abave cause (A					
UNDERLYING	CONDITION last,		(c)			
OTHER SIGNIFICATION TO THE DEATH	ANT CONDITIONS C BUT NOT RELATED TO NOTION GIVEN IN PA	THE TERMINAL	Diabet	er dellifus		
	PERATION 198. CO		WHICH OPERATION	NO	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF medical examiner	21 B. hom etc.	ie, farm, foclory, street, c	In or obout 21 C. WHERE DID flice bidg., INJURY OCCUR?	(if In Boltimore	City, give exact location)
OF INJURY	Month) (Doy) (Yeo		INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
IAPPROX.)		Whi	ile At Not Wh	· □		
22. I certify th	nat (1) (this hospit	al) offended ti	he deceased from	UNE 13 19	9 71 to JUN	E 13 19 / 1
	st sow the decept			eng 4		on death occurred on the date
		,	*	view the body after death.		
23A. SIGNATURE		,			2	3B, DATE SIGNED
	10011		DE GREE Ph	ending Med.	haff Phys.	JUNE 13 1971
23 C. PHYSICIAN NAME (Type	S /		DEGREE	23D. ADDRESS		
	SALVADOR	QUIROZ	MD DEGREE	CATON & WILKE	NS AVES. B	ALTO., MD.21229
24A. BURIAL CREMA REMOVAL (Spe	ATION, 24B. DATE		AME of CEMETERY OF CE			town or county) (State)
Burild	1 6/17/	7/ 7	redon Its	ek s	alterino.	Thd.
25A. DATE REC'D B	Y HEALTH DEPT	258 NAME	REGISTRAR	25C. FUNERAL DIRECTOR	he of	ADDRESS
VS 150-REV. 1/1/68				1 1 1 1	THEN PARTY	

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	BALTIMO	ORE CITY HEALTH DEPARTMENT 71	5657.
	DIKITI 14D.	IFICATE OF DEATH REG. NO	
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	155:
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution	residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR	REET ARCY ON D. INSIDE CITY	1902
0	INSTITUTION DECOURS HOSPITAL	C. CITY ORDOWN D. INSIDE CITY YES	
	2025 W. FRYETTE STREET RALTIMORE 4d. 21223	E. STREET AND NUMBER	3 110
	5. YEX 6. RACE 7. MARRIED NEVER MARE	DICE TO 8. DATE OF BIRTH 19. AGE (In years If Un	der 1 Yr., II Under 24 Hrs.
	Thate White WIDOWED DIVORE	CED 1/22/90 lost biglidoy) Month	S Doys Hours Min.
1	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even it retired)	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
	hone	MARYland U.	nited States
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ш	Williard Dowell	Johnson	
	15. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) lif yes, give wor or dates of servicet 218-18-	17. INFORMANT	ADDRESS
	18. 4 CAUSE O	OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		BETWEEN ONSET AND DEATH
	(A)MMED	DIATE CAUSE O, OR AS A CONSEQUENCE OF:	***************************************
	heart loiture, asthenio, etc. It meons the disease, injury or complication which caused death.)	O, OK AS A CONSEQUENCE OF:	
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		100
	IO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIC WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121B. PLACE OF INIU	ON 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDING	CONCIDENCE.
	WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	F DEATH?
		JRY (e.g., In or obout 21 C. WHERE DID (If In Boltimore City, g street, office bldg, INJURY OCCUR?	ive exact location)
	21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCUR	RRED 215. HOW DID INJURY OCCUR?	
	▼ (APPROV) While At While At	Not White At Work	
	22. I certify that (I) (this hospital) attended the deceased fro	om 6/12 1971 to 6/13	19 7 1.
	that (1) (we) last saw the deceased alive an 6/12	6 P 19 19 and that In(my) (aur) opinion de	oth accurred on the dote
	and have and from the couses stated obove. (1) (We) (did) (di	ld nat) view the bady after death.	
	23A. SIGNATURE Mun Sid Tae, S. Aly. L		ATE SIGNED
	DEC	Altending Med. Staff Phys. Director Phys.	113/21
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	Dr. Hlbuerne	DEGREE 7935 Pipers Path Glen Burn	rie
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETER	BY of CREMATORY 24D. LOCATION (City, town,	
		wn Gordens Litchie Higher	as tred .
1	25A. DATE REC'D BY HEALTH DAY.	25C. FUNERAL DIRECTOR	ADDRESS
	/S 150-REV. 1/1/68	- Ichvot, p	e ·

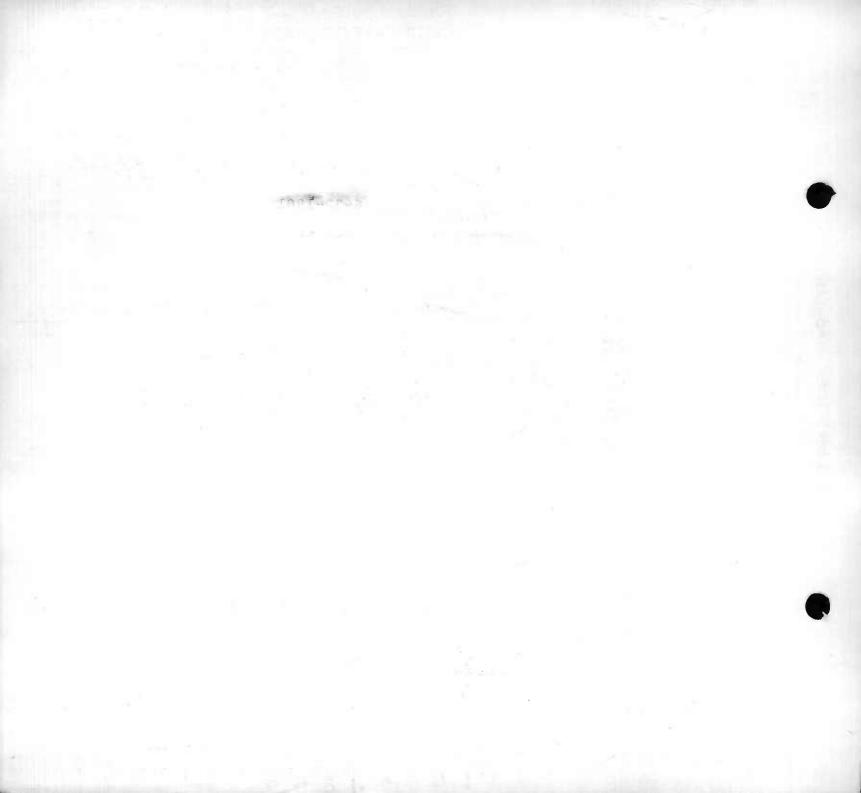


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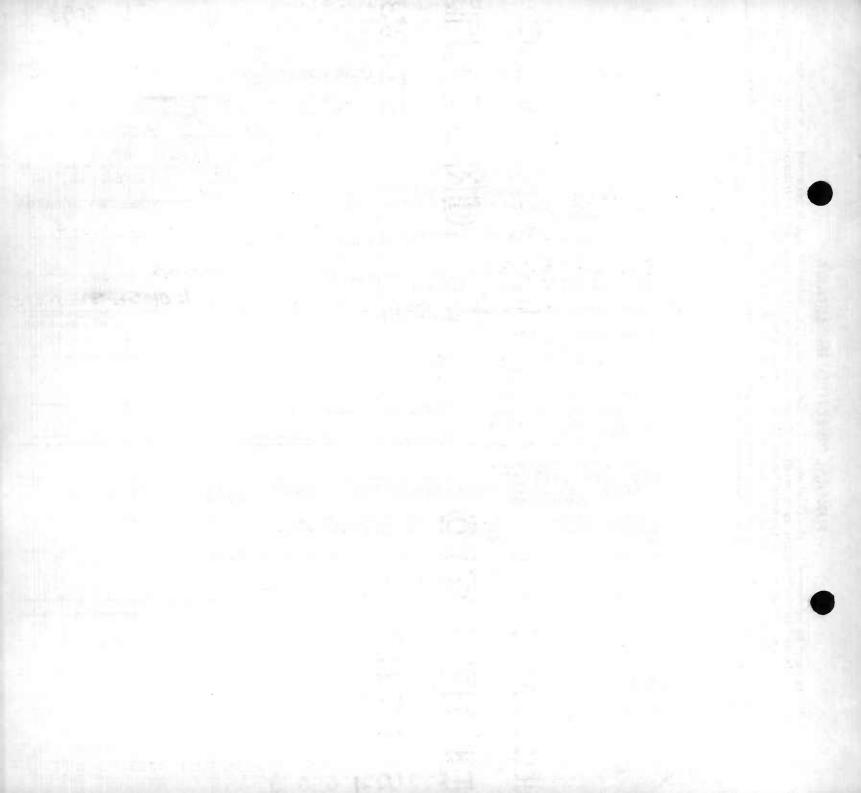
of death Deceased

•	BALTIMORE CITY	Y HEALTH DEPARTMENT	JE 511
		ATE OF DEATH REG. NO. 1 5658	
	NAME OF DECEASED SPENDING TO PRINTING	2 DAYE AND HOUR OF DEATH	35
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If institution; residence heles	M. e odmission
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. SYATE B. COUNTY Aryland C. CITY OR TOWN D. INSIDE CITY LIMITS?	37
K	6.1.11 Ilevital	E. STREET AND NUMBER]
1	authorn Hispiral	3516 W. Lestinator Street	
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birthdoy Months: Doys Hours	nder 24 Hrs.
dg	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSYRY Be dwing most of working life, even if relired) Revere	11. BIRYHPLA CE (Stole or foreign country) 12. CITIZEN OF WHA	COUNTRY?
13	Cooper & Brass	Maryland USA 14. MOTHER'S MAIDEN NAME	
	? ?	S S	
15	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	353
	NO SECURITY NO. 216-10-9881		aton S
	18. 4 10 4 CAUSE OF DEATH	H APPROXIMATE	INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	monary edeling,	AND DEATH
	(This does not meet the made of the (A) IMMEDIATE CAU	A CONSEQUENCE OF:	
	injury or camplicotian which coused death.)		
	ANTECEDENT CAUSES (B)	Gocardial Injurchion.	
	DISEASES OR CONDITIONS, if any, giving isse to the obove cause (A) stoling the UNDERLYING CONDITION tast.	A-CONSEQUENCE OF:	**************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUYOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, difficulty (e.g., in home, form, foctory, street, difficu	n or obout 21C. WHERE DID (If In Boltimore City, give exoct locotian) fice bidg., INJURY OCCUR?)
MEDI	21D. YIME (Month! (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work Nat While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (!) (this hospital) ottended the deceased from	6-6-7/ 19 2/ to 6 9	9 21
	that (i) (we) last saw the deceased alive an 6. 9	19and that in(my) (aur) opinion death accurred a	n the date
	ond haur and from the causes stated obave. (1) (We) (did) (did not) vi-	iew the body ofter death.	
	(Cpoin and Colland Physics		
24.	K- GOVINDA KAD-	LUTHERAN HOSPITAL of Mo	ary land
24.8	REMOVAL (Specify)		(Slotei
11	Burial 6-12-71 Arbutus Memoria	al Dark Daltimana Ca	7

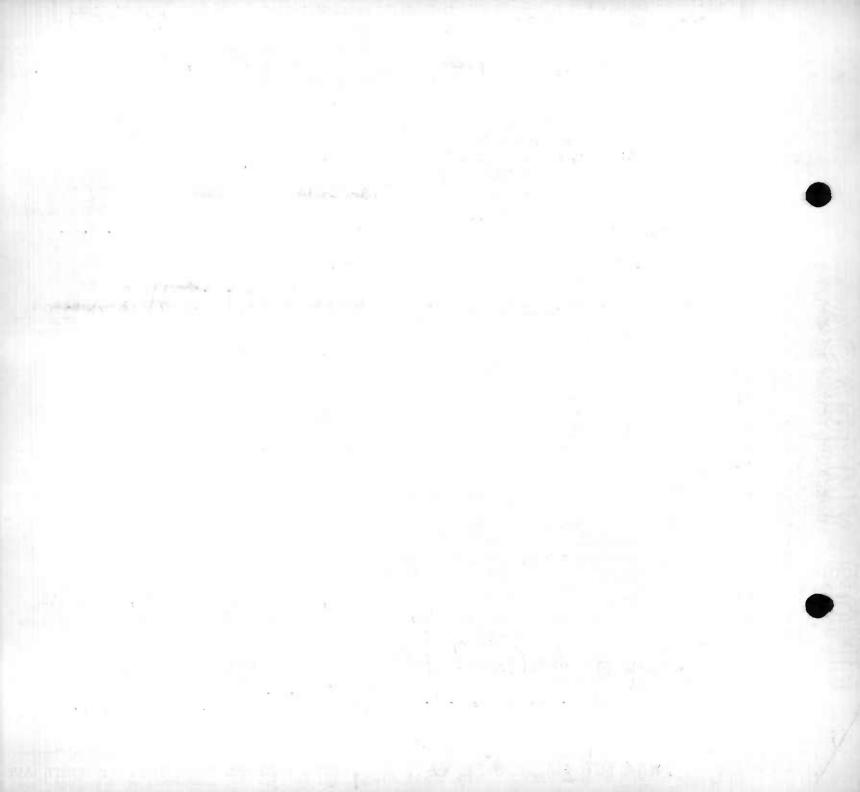
Co. Maryland 25C. FUNERAL DIRECTOR ADDRESS NUTTER FUNERAL 3035 NORTH HOME



2 (=N	BALTIMORE CITY	HEALTH DEPARTMENT	71 5050 4
ыки но. 71 5659	CERTIFICA	TE OF DEATH REG. NO	1 3900
1. NAME OF DECEASED (Typo or Print)	TER W.	JUNE 11 . 197	D 1/10 0.
312040 //			1 7:40 P.MM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		A STATE & COUNTY MARYLAND	itution: residence before admission)
FULL NAME OF HOSHTAL OR INSTITUT ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN D. INSID	E CITY LIMITS?
25, WAI- HOSPITAL OF	BALTIMORE	BALTIMORE	YES NO
SIMH!- ((OS): INC		160 1 ST. STEPHENS	ST.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Ys., If Under 24 Hrs. Months Doys Hours Min.
Male Negro WIDOWED	DIVORCED USINESS OR INDUSTRY	5 18 1723 48	12 CITIZEN OF WHAT COUNTRY?
done during most of working life, even # refired) Social	Security	BALTIMORE, Md.	u.s.A.
13. FATHER'S NAME	3	14. MOTHER'S MAIDEN NAME	4
Slater E. Br	200	Gerzrud. Gann	5
5. Was Decessed Ever in U. S. Armed Forces? Yes, no or unknown! [lif yes, give war or dates of service]	& SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	219-05-9376	MARY BROWN 160	1 52 Stephens
18. 172.9	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TERMINAL CARCINOMA	
This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means five disease, injury or complication which caused death.)	50L 10, 0K A3	- CONSEQUENCE ON	
ANTECEDENT CAUSES	METAS	TATIC BRONCHOGENIC CA.	LUDG.
DISEASES OR CONDITIONS, If any, giving		A CONSEQUENCE OF:	7400
rise to the above cause (A) stating the UNDERLYING CONDITION fact.	en N	LELANONA	
At the state of th	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
19A DATE OF OPERATION 19B CONDITION FOR WE WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1218 P		IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.P	LACE OF INJURY (e.g., in factory, street, of	n or about 21C, WHERE DID (If in Boltimore lice bidg, INJURY OCCUR?	City, give exact location)
O 21D-TIME (Month) (Day) (Year) (Hour) 215, II	NJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D-TIME (Month) (Doy) (Year) (Hour) 21& II OF INJURY (APPROX.)	At Not While		
22. I certify that (1) (this hospital) attended the			INE 11 1971
that (i) (we) last sow the deceased alive on	JUNG 1	-1	Ion dooth occurred on the date
	•		ion death occurred on the date
ond hour and from the causes stated above. (1)	(me) (did) (did not) v		23B, DATE SIGNED
Pluty Syla	L W - DEGREE Phys	nding Med. Staff 7	6(11/71
23C. PHYSICIAN'S NAME (Type) PHILLIP S YUTAN	M.D.	^{23 D. ADDRESS} Sinai Hospital of Balt	imore
24A. BURIAL CREMATION, 124B. DATE 124C. NAM	ME of CEMETERY of CRE		town, or county) (State)
Bruial 6-16-71 Arb	utus Memor:		Co. Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISERAR	25C. FUNERAL DIRECTOR	ADDRESS
JUN 14 19/1 Jakes 24 44 19/1		NUTTER FUNERAL HOME 3	035 W. NORTH AV
VS 150-REV. 1/1/68	1 4 0 0	0000	



S-650 71 5660		Y HEALTH DEPARTMENT	NEC NO	71 5660	
DIRITI 140.	CERTIFICA	TE OF DEATH	REG. NO	, 2 0000	
1. NAME OF DECEASED (Type or Print) SHEARN JANES	0		June 12, 19	71 11.2	0 %
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If in	stitution: residence before	odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATIONI INSTITUTION TO		Maryland C. City of TOWN		140.	2
Veterans Administr	-		D. INS	IDE CITY LIMITS?	_
3900 Loch Raven Bo Baltimore, Marylan		Baltimore E. STREET AND NUMBER		YES KOL NO	
		1512 Brunt St			
Male Negro WIDO		3-23-1902	ast birthday	Months Doys Hours	nder 24 Hrs. Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)		11. BIRTHPLACE (Stote or lorein	gn countryl	12. CITIZEN OF WHA	
	e Track	Maryland		U. S. A	•
James W. Shearn	滑	Anne Dorsey	A E		
15. Was Deceased Ever in U. S. Armed forces? (Yes, no of unknown) lift yes, give war or dotes of serv	icel 16. SOCIAL	17. INFORMANT		ADDRESS	
Yes 12-29-17 to 5-3-		Mrs. Annie Co	combs 370	7 Ellamont	Road
18. 011,91	CAUSE OF DEAT			APPROXIMATI	INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		oft Upper Lobe Pr			
(This does not mean the mode of dving	0.0	USE (Probably tuber A CONSEQUENCE OF:	contosis	1 Yes	ar
heart lailure, asthenia, etc. It means the dise injury at camplication which caused death.)	ase,	A CONSEQUENCE OF:			
ANTECEDENT CAUSES				ł	
DISEASES OR CONDITIONS, if any, gi	ving (8)	A CONSEQUENCE OF:			*****
rise la the abave cause (A) sloting UNDERLYING CONDITION last.	(c)				
2 11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN OF THE T	NG IAL				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208 IE VEC WERE	THOUSE CONFIDENCE	*********
WAS PERFORMED		Yes	IN CERTIFYING CAL	INDINGS CONSIDERED	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21R PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or about 21C. WHERE DID	(II In Boltimore	City, give exact location)
21D.TIME (Month) (Doyl (Year) (Hous)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROXI	While At At Work				
22. I certify that (1) (this hospital) attended		June 1.	71 to June	e 12,	1971
that (1) (we) last saw the deceased alive	June 12,	19 <u>71</u> and the		nian death accurred a	
and haur and from the causes stated above	· XXX (Me) (q1q) XQ(Q(Q4) v	lew the bady after death.			
23A. SIGNATURE	1 a MAST			23 B. DATE SIGNED	
Alley of - wall	DEGREE Phys		hoff hys.	6-13-71	
Philip A. Mackov	riak, M. D.	3900 Loch Raver	Hospital	ltimore. Md.	
24A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 24D. LO		y, lown, or county)	(Stote)
Burial 6-17-71 B	ushey Park Ce	metery Co	oksville	Marylar	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
JUN 1 4 1971 January 1	Value 760,	NUTTER FUNE	RAL HOME :	3035 W. NOI	RTH AV
S 150-REV. 1/1/68					



41	71 -	0.0	BALTIMORE CITY	HEALTH DEPARTM	MENT	74	5004	
SIRTH NO. 600	1 26	361	CERTIFICA	TE OF DEA	TH REG. NO	0	OPOT	
.NAME OF DECEASED Type or Print)	ELIZAB			2. 0	DATE AND HOUR OF DE		1.10	A
CERTIFIE HOSPITAL OR	CATE	AME	ENDED	4. USUAL RESIDEN A. STATE MARYLAN	CE (Where deceased lived R COUNTY ND BA	LT IMORE		mission 3
NSTITUTION	DRESS OR LOCATIO		6-16-71	C. CIBALTOWN	ORE P	. INSIDE CITY LI	MITS?	
3 THE JOHN	S HOPKIN	S HOSP	ITAL	E. STREET AND NU	MBER ONDAWMIN AV			
FEMALE NE	000	MARRIED VIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8-28-10	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under Doys Hours	24 Hrs. Min.
IOA, USUAL OCCUPATION done during most of working li	(Give kind of work 10)		SINESS OR INDUSTRY			12. CITIZ	EN OF WHAT CO	OUNTRY
Presser Fin	isher	Clean	ers	South C			USA	
	JAMES			EMMA	WALTON	27.00	Mondawmin	n Av
5. Was Deceased Ever in Yes, no or unknown) (It yes,	U. S. Armed Forces' give war or doles o	service)	SECURITY NO. 17-24-7453	MrsxzxMan	Arnest R. Moo YzxExzxDiazzx3 dredzJessup	moms 2 by		
(This does not mean heart failure, astheria injury or camplication	which caused development CAUSES DITIONS, if any cause (A) skelling the cause (A) skelling t	ing. e.g., o disease, oth.) office of the control o	(B)	20A. AUTOPSY? (Yo	es of No) 20B, IF YES, W	VERE FINDINGS		
OR CONTRIBUTING	CAUSE OF	home, i	form, loctory, street, of	ico bidg., INJURY OC	CURZ NO (II In 80	ltimore City, give	exact location)	
21 D. TIME (Month) OF INJURY (APPROX.)	(Doyl (Year) (I	Vhile /	Not While At Work		DID INJURY OCCUR?	1	,	
that (1) (we) last sa	w the deceased a	live an	June 12	177 3/ 197/ ew the body after	ond that Ir(my) (our)	opinion death	19_	he dat
23A. SIGNATURE 23C. PHYSICIAN'S	: Haso	mas	M Aller Phys	Directo	r Stoff	23 B. DATE	SIGNED 13/7/	
NAME (Type)	F. C. Ha	SSMAN	IN MO	3D. ADDRESS	No Broad.	timere	JHH,	
4A. BURIAL CREMATION, REMOVAL (Specify)	24B, DATE	24C. NAME	of CEMETERY of CRE	MATORY	24D. LOCATION	(City, town, or	county) (Stote)
Burial 5A. DATE REC'D BY HEAD		Arbu-	tus Memori	25C. FUNERAL DI			Mary 1	and
S 150-REV. 1/1/68	()laters in	9	1000	NUTTER	FUNERAL HOM	E 3035	W. NORT	H A

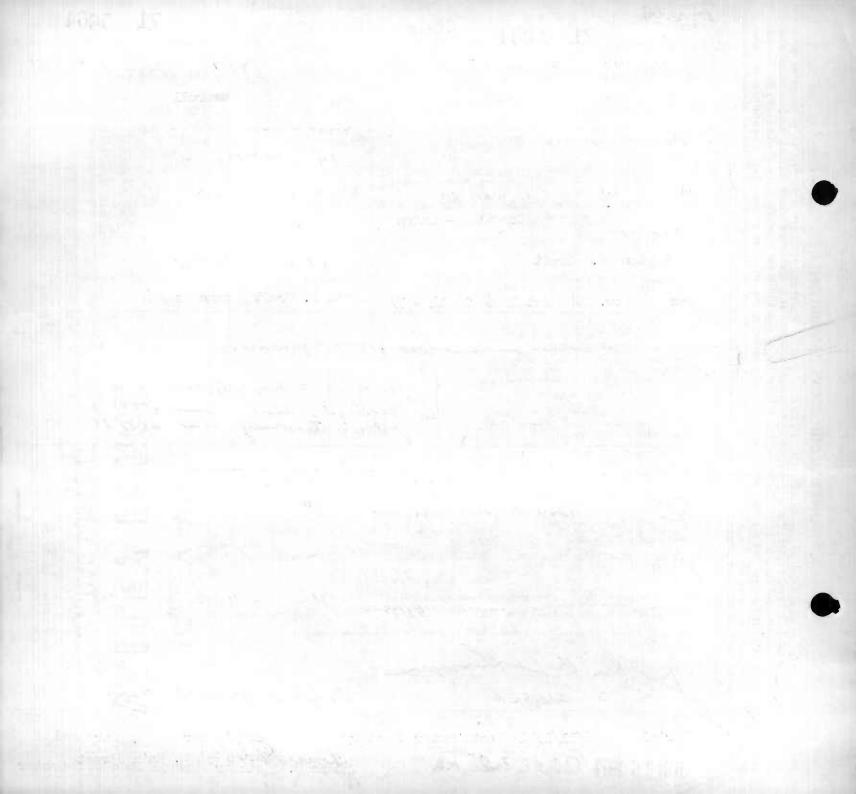
1	B-625 71 566	BALTIMORE CITY CEPTIFICA	TE OF DEATH REG. NO	71 5662
1.1	RTH NO. NAME OF DECEASED BRE	TKIZNIPIT	2. DATE AND HOUR OF DEATH	Bar line 1
3.	PLACE IN BALLMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (White deceased lived, If in	stitution: residence before admission)
FU	PLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	NSTITUTION, GIVE STREET	mo one	DE CITY LIMITS?
11	niahi 11 . n -	1	BALTO	YES NO NO
K	SINH HOSP 171	41—	3405 Paton AU	3
	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE Un years 166	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	L USUAL OCCUPATION (Give kind of work 108, KIN to during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Retired T	urfman	Menree, Leuisana	USA
			Minnie Goings	
15.	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wer or dotes of serv	1 6 SOCIAL	17. INFORMANT	ADDRESS
	NO		Lelia Breckenridge 34	15 Paten Avenue
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	G CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	YBANG
	heart failure, asthenia, etc. It means the disc injury at complication which caused death.)	ase,		
	ANTECEDENT CAUSES	(B)		
	DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:	
z	11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL		***************************************
CERTIFIC.	194 DATE OF OPERATION 1198 CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A AUTOPHE (Yes of No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 & PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n ar about 21 C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	: City, give exoct location)
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (This hospital) ottend	ed the deceased fram	10 June 19 7/10 /	7 Jun 19 7/
	that (4) (we) lost sow the deceased alive			nlandeath occurred on the date
	and hour and from the couses stated abov	e. (1) (Me) (diff) (did not) v	lew the body after deoth.	
	Cultur M. MR	XIVI DEGREE Phys		11 June 7/
	ARTHUR M- WAS	NER M.D	SINA	
24/	REMOVAL (Specify)	C.NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City	y, lown, or county) (State)
254	Burial 6/16/71 A. DATE REC'D BY HEALTH DEPT. 1258, NA	Mt. Calvary	Cemetery Balto. (AA	Co.) Md.
Ju	N 14 1971 Robert & Jakon	,	I a manage of the second secon	ark Heights Ave.
THE	150-REV- 1/1/68		1 1 1	THE MATERIAL WAS

Monte of column and the

NAME OF DECEASED	1 5663					
ype or Printl Mind		CERTIFICA	TE OF DEATH	REG. NO	יד מטמי	9
BLACK IN BALTHAMAR CO.	or, Lille	an		DHOUR OF DEATH	1 6:	40 A
PLACE IN BALTIMORE MARY	YLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If in	sstitution: residence b	efore admission
ULL NAME OF (IF NOT II	N HOSPITAL OR INST	TUTION, GIVE STREET	19 d	Baltmor	5	01
ISTITUTION Tole to	· Harkir	10 HOSP	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
33 001113	N Broad	1100	E. STREET AND NUMBER		YES CHINA	0
601	N Broad	any	1202 Short	Court		
SEX 6. RACE	7. MARRIE	NEVER MARRIED		AGE (In years	If Under 1 Yr. I	I Under 24 Hrs
1- N	WIDOWE	= =	5/2/1:4	ast birthday) 57	Months Doys H	ours Min.
A. USUAL OCCUPATION (Give k	kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	n country)	12. CITIZEN DF W	HAT COUNTR
Laundress		Hespital	Baltimere	, Marylan	d USA	
FATHER'S NAME		31001	14. MOTHER'S MAIDEN NAM			
Albert Sci	hlom	IV COCIAL	Mary Ro	land		
es, no or unknown fut yes, give w	vor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Christina Ch	ase 3526	Overview	Rd.
DISEASE OR CONDITION LEADING TO 1This does not mean the	DEATH	/ANIMMEDIATE CAU	ram-Negativ	e snock	SEI WEEN O	NSET AND DEAT
heart failure, asthenia, etc.	It means the disease	DOL 10, OK MS	A CONSEQUENCE OF:			
I a a						
injury or camplication which	h caused death.)	Propa	ble Intra-ab	dominal,	Abskess	
injury or complication which		Proba	ble Intra-ab	dominal,	Abskess	
ANTECEDENT DISEASES OR CONDITIO	CAUSES NS, if any, giving	Proba (B) DUE 10, OR AS		dominal,	Abskess	•••••••••••••••••••••••••••••••••••••••
ANTECEDENT DISEASES OR CONDITIO	CAUSES ONS, if any, giving the case (A) stating the	Proba (B) DUE TO, OR AS	ble Intra-ab	dominal,	Abskess	o
ANTECEDENT DISEASES OR CONDITIO	CAUSES ONS, if any, giving the case (A) stating the	Proba (B) DUE 10, OR AS		dominal	Abscess	
ANTECEDENT DISEASES OR CONDITION rise to the above cau UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REA	CAUSES ONS, if any, giving the grade (A) staling the last. ONS CONTRIBUTING ATED TO THE TERMINAL	Proba (B) DUE TO, OR AS (C)		dominal	Abscess	
ANTECEDENT DISEASES OR CONDITION HISO to the above cau UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	CAUSES ONS, if any, giving the state of the state of the second of the	(6) DUE 10, OR AS	A CONSEQUENCE OF:			
ANTECEDENT DISEASES OR CONDITION rise to the above cau UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE 19A. DATE OF OPERATION	CAUSES ONS, if any, giving the gradient of the terminal	(c)	A CONSEQUENCE OF:		FINDINGS CONSIDE	RED
ANTECEDENT DISEASES OR CONDITION fise to the above cousing the condition of the condition of the condition of the death but not related to the condition of t	CAUSES INS, if any, giving use (A) staling the last. IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED REYING 21 bo	(B) DUE 10, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., if mag, form, foctory, street, of	A CONSEQUENCE OF:	208, IF YES, WERE F	FINDINGS CONSIDE	
ANTECEDENT DISEASES OR CONDITION fise to the above cousing the condition of the condition of the condition of the death but not related to the condition of t	CAUSES ONS, if any, givin, use (A) staling the lost. I	(B) DUE 10, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., if mag, form, foctory, street, of	A CONSEQUENCE OF:	20B. IF YES, WERE F IN CERTIFYING CAL	FINDINGS CONSIDER	
ANTECEDENT DISEASES OR CONDITION rise to the above cau UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE 19A. DATE OF OPERATION 21A. A CCIDENT WAS UNDER OR CONTRIBUTING ENUS DEATH (notify medical examin	CAUSES INS, if any, giving the control of the cont	WHICH OPERATION B. PLACE OF INJURY (e.g., is mae, form, foctory, street, of c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY2 (Yes or No) n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, WERE F IN CERTIFYING CAL	FINDINGS CONSIDER	
ANTECEDENT DISEASES OR CONDITION fise to the above cau UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE 19A. DATE OF OPERATION 21A. A CCIDENT WAS UNDER OR CONTRIBUTING DEATH (notify medicol exomin 21D.TIME (Month) (Doy OF INJURY (APPROX.)	CAUSES INS, if any, giving use (A) staling the last. IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED RLYING 21 had eld IN (Year) (Hour) 21 W W	WHICH OPERATION B. PLACE OF INJURY (e.g., is mae, form, foctory, street, of c.) E. INJURY OCCURRED (hile At Not While ork	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bidg. INJURY OCCUR?	20B. IF YES, WERE FIN CERTIFYING CAU	FINDINGS CONSIDE USES OF DEATH?	otion)
ANTECEDENT DISEASES OR CONDITION rise to the above cau UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE 19A. DATE OF OPERATION 21A. A CCIDENT WAS LINDE! OR CONTRIBUTING TUSE DEATH (notify medicol exomin 21 D. TIME (Month) (Doy OF INJURY (APPROX.) 22. I certify that (I) (this	CAUSES ONS, if any, giving the second secon	WHICH OPERATION B. PLACE OF INJURY (e.g., imme, form, foctory, street of cold) E. INJURY OCCURRED hile At	20A. AUTOPSY2 (Yes or No) n or about 21C. WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDER USES OF DEATH? B City, give exoct loca	otion)
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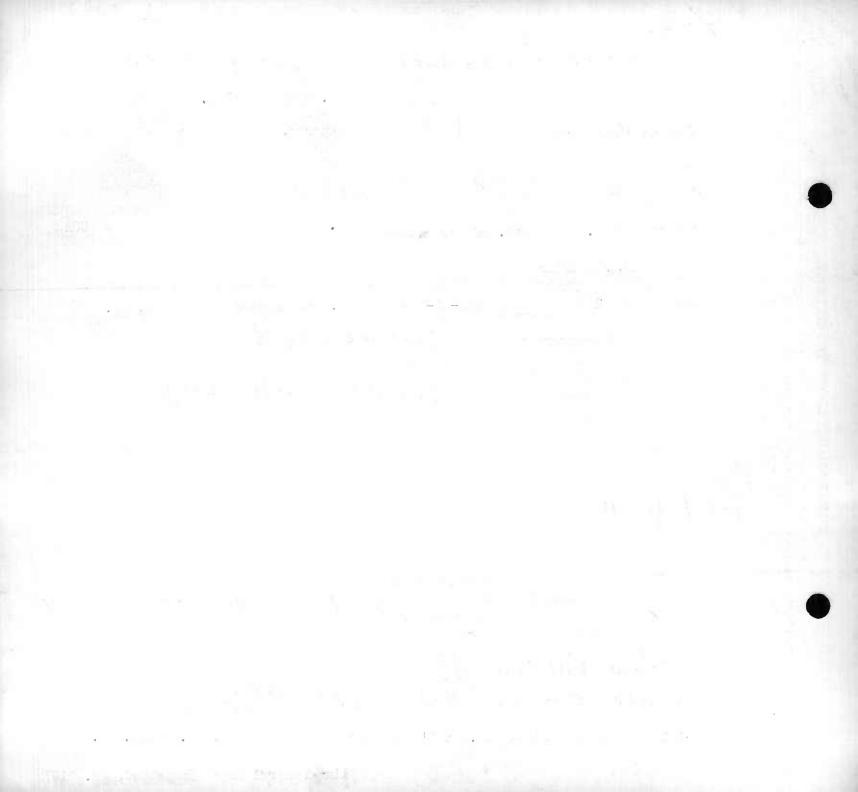
IMPORTANT

FUNERAL DIRECTOR:

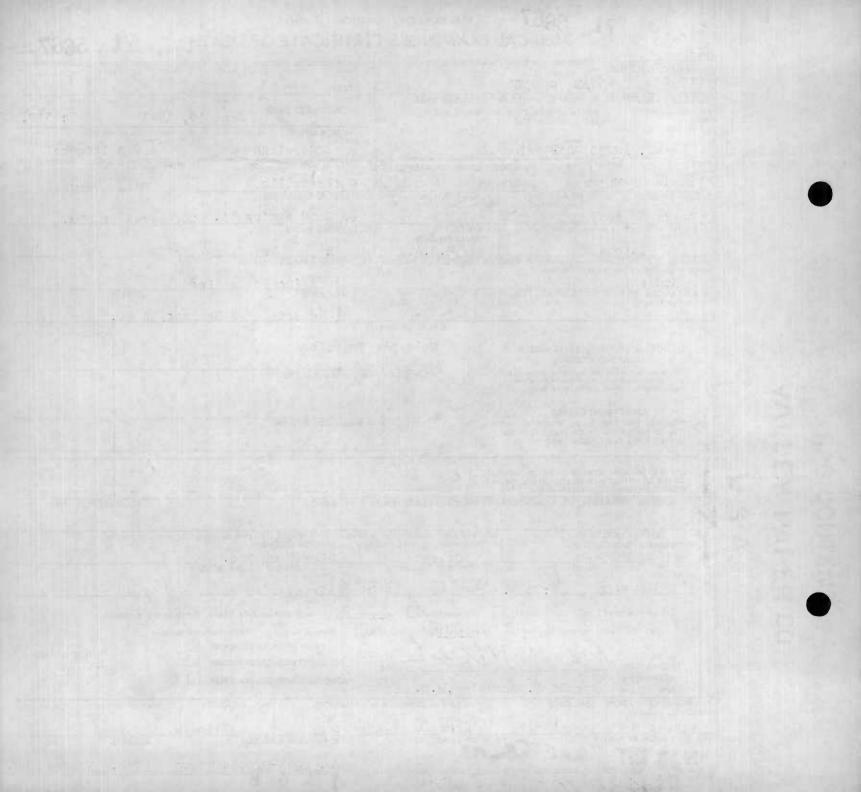
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1		BALTIMORE CITY	Y HEALTH DEPARTMENT	. /	71 5666
BIRTH NO.	74 5668	CERTIFICA	TE OF DEATH	X REG. NO	74 00,00
1. NAME OF DEC		N. HEDLEY	2. DATE	AND HOUR OF DEATH	OP.M.
	TIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Md.	Balto.	53
иоптитиги	axeits or m	id. Hospital.	Upperco,	D. IN	SIDE CITY LIMITS?
38 Unive	ONIT OF IN		E. STREET AND NUMBER		YES NO 图
5. SEX	6. RACE 7. 44		8. DATE OF BIRTH		
M	WI WI	ARRIED NEVER MARRIED DOWED DIVORCED	11-27-21	9. AGE (In years tast birthday)	Months Doys If Under 24 His
done during most of a	JPATION (Give kind of work) 108, (working life, even if refired)	KIND OF BUSINESS OR INDUSTRE		reign country!	12. CITIZEN OF WHAT COUNTR
Maintenan	ce Sup. De	pt. of Correction	Md.		USA
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN N	AME	
Cu	thbert Fowler		Amy J	ones	ī
15. Was Deceased	Ever in U. S. Armed Forces? (If yes, give war or dates of a	1 6. SOCIAL	17. INFORMANT	0.145.0	ADDRESS
Yes	WW 2	220-03-5080	Mma Duth Ba	DD 11	
18. 44. 8.4	- D 1	CAUSE OF DEATI	Mrs. Ruth For	MIET RU Uppe	
DISEAS	E OR CONDITION DIRECTL		oct arres	A.	APPROXIMATE INTERVAL BETWEEN ONSET AND GEAT
	LEADING TO DEATH			V _f	
(This does no	al mean the made al dying asthenio, etc. It means the d	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	/ a	
injury ar com	plication which caused death	136736	0 11	11:0 = 0	,
A	NTECEDENT CAUSES	COILON	racy insul	4. Cien C	5-1
DISEASES O	R CONDITIONS, il any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise lo lhe	above cause (A) statir CONDITION last	19 1116			
ONDEREINIO	CONDITION IGSL	(c)			
OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TER	UTING			
	ONDITION GIVEN IN PART 1 (A)				***************************************
19A- DATE OF	OPERATION 198 CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPST? (Tes or h	No. 208, IF YES, WERE	FINDINGS CONSIDERED
U 21A. A CCIDEN	T WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	Yes	06 1 10 10	
OR CONTRIBUT	TING CAUSE OF medical examined	home, form, factory, street, affected	fice bidg. INJURY OCCUR?	fit tu Bainwai	re City, give exoct location)
OF INJURY	(Month) (Doy) (Yeor (Hou		21F. HOW DID IN	IJURY OCCUR?	
(APPROX)		White At Not White			
22. I certify t	that (1) (this hospital) atte	nded the deceased from	17	19 7/ to 6.	-10 107/
	last sow the deceased oli				inion death occurred on the dat
		ave. (1) (%) (did) (did nat) vi		inclination (out) opi	mon decin occurred on the day
23A. SIGNATUR	y <u>e</u>	area (1) (1) (1) (area) (area rich) (1)	tew the body offer death.		23 B. DATE SIGNED
101	am Kas di	^ / // // Dh	nding Med.	Staff Phys.	294 5711 3101125
23C. PHTSICIAN NAME (Ty	rs pel a P	ALI / DEGREE	3D. ADDRESS Unive	01	ospital.
24A. BURIAL CREM REMOVAL (Sp	MATION, 248, DATE	24C.NAME of CEMETERT OF CRES	Balfinore	md. 2120	1
Burial	June 14, 197	1 St. Paul's Cem	110	operco, Md. I	ity, town, or county) (Stote)
25A. DATE REC'D	BT HEALTH DEPT 258	IAME OF LEGITRAR	25C. FUNERAL DIRECTO		2 7 7 2 7 2 7 2
IIIN 15	1911 Palent L. V	ALLEY AND	-		ADDRESS
VS 150-REV. 1/1/6	PA A		Eline Funer	IL Home Ham	ostead, Md. 21074



5667 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO 71 5667
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
JOAN SCHUNK	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	June 10, 1971 5:45 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
ST. AGNES HOSPITAL	Maryland Baltimore 4 3
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Cockeysville YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER
April 6, 1953 lost birthday) Manths, Doys, Hours, Min.	#3 Sand Spring Ct. Cockeysville, Md.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Wisconsin U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Luke Schunk
done during mast of warking life, even if retired)	
Student 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Inez (De Loris) Lee
(Yes, no ar unknown)(If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
No 441-58-8994	Luke Schunk 3 Sandspring Ct.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY Multiple	e Injuries
LEADING TO DEATH (A) IMMEDIATE (AUSE
neuri idilore, osilienia, etc. il means ine diseose,	AS A CONSEQUENCE OF:
Injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20a. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
o 2	yes
Z2A. EXTERNAL CAUSE WAS 228, PLACE OF INJURY (e.g.,	
0	in or obout 22C. WHERE DID (If in Baltimore City, give exect location) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Street 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	North on Rte. 695
23. 8:33 A. m. WORK AT W	Pedestrian struck by truck
l certify that I held an Inquiry I inspection Au	
resulted from: Nateral causes Accident X Suicio	
Accident La Suicio	
ACTUAL / LES M// 1/	CHIEF MEDICAL EXAMINER L
SIGNATURE M.D	
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Cremation 6-15-71 Greenmount	
25A. DATE REC'D BY HEALTH DEPT 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
IIIN 15 1911 Vallet E. Jandey Mas.	Wm. Cook-Brooks Towson, Inc. Towson, M
VS 151-REV. 1/7/68	The towson, the towson, I



IMPORTANT

DIRECTOR:

FUNERAL

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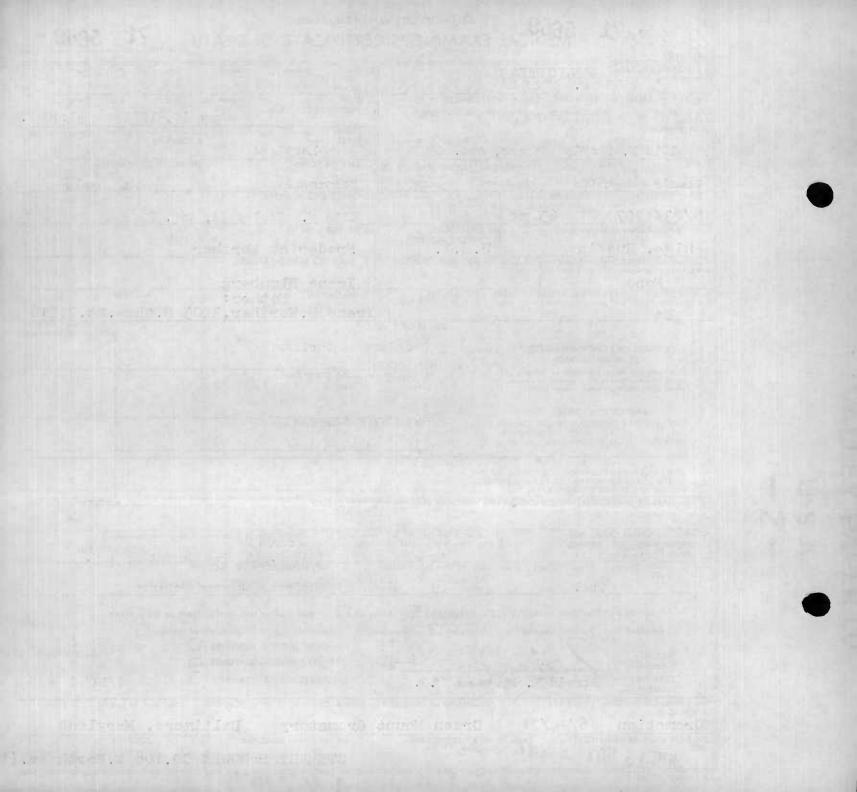
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 His.

the filthers from 135 to

W-63671 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH 71 5000
BIRTH NO.	DEATH REG. NO.
1. NAME OF DECEASED FELICITIAS (Type or Print) PITTU E DEPTUED OF OF	Month Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD HOSPITAL ADDRESS OR LOCATION)	June 10, 1971 1:10 Pm
1018 N. Charles Street, Apt. C S. USUAL RESIDENCE (Where A. STATE Maryland	deceased lived. If institution: residence before admission) B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Female White WIDOWED □ DIVORCED □ Baltimore	Vec 🖂
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER	YES X NO L
8/23/1907 lost birthdoy) Months, Doys, Hours, Min. 1018 N. Charle	- 0+ 4-+ 0
8/23/1907 63 XX 1 1018 No Charle 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	es St, Apt. C
WHAT COUNTRY?	
Riga, Russia U.S.A. Frederick W	erther
done during most of working life, even if retired)	AE
None Irene Blumb	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((if yes, give wor or doles of service) SECURITY NO. 18. INFORMANT Mother	er: ADDRESS
No Irene B. Werth	er, 3203 N. Chas. St. 21218
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Overdose of Doridan	BETWEEN ONSET AND BEATT
LEADING TO DEATH	
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, astheria, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (b)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	[2]. AUTOPSY2 (Yes or No)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	no
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (no
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., In or obout 22C. WHERE DID (in home, lorm, foctory, street, office bldg., etc.) INJURY OCCUR? HOME 1018 N. Ch	no Il In Bollimore City, give exoct location) narles Street, Apt. C.
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (INJURY OCCUR? UNDERLYING ₩OR CONTRIB. UNDERLYING ₩OR CONTRIB. Home 1018 N. CI-22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCURRED.	no Il In Bollimore City, give exoct location) narles Street, Apt. C.
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22A. EXTERNAL CAUSE WAS UNDERLYING \$\overline{\text{OR}}\text{ OR CONTRIB.} \\ \text{UNING } \overline{\text{CAUSE OF DEATH.}}\\ \text{22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)} \text{Unik } \text{Unik } \text{Unik } \text{(Month) (Doy) (Year) (Hour) (Hour) (APPROX.)} \\ 22B. PLACE OF INJURY(e.g., in or obout) 22C. WHERE DID (Injury occurs) (Injury occ	no Il In Bolitmore City, give exoct location) parles Street, Apt, C. ury occur? ngested Doridan
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) Unit of Control of Cont	no Il In Bolilmore City, give exoct location) marles Street, Apt, C. URY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING TO ROUTE B. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) Unk. 1 certify that I held an Inquiry Inspection X Autopsy and that on the	no Il In Bolitmore City, give exoct location) parles Street, Apt, C. ury occur? ngested Doridan
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) Unk. 1 certify that I held an Inquiry Inspection Accident Suicide Suicide CHIEF MEDICAL EXPENDICAL	no Il In Bollimore City, give exoct location) parles Street, Apt, C. ury occur? ngested Doridan Is basis, death in my opinion Undetermined monner KAMINER
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222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. CAUSE	no Il In Boltimore City, give exect location) parles Street, Apt, C. ury occur? ngested Doridan Is basis, death in my opinion Jindetermined monner KAMINER CAMINER
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22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB. UNIDERLYING TOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) Unk. 1018 N. Chromosomy (APPROX.) 11 certify that I held on Inquiry Inspection X Autopsy and that on the resulted from: Natural causes Accident Signature EXAMINER'S NAME (Type) 22A. BURIAL CREMATION, REMOVAL (Specify) Cremation 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (Inspector) (Ins	no Il In Bollimore City, give exoct location) narles Street, Apt, C. ury occur? ngested Doridan Is basis, death in my opinion Judetermined monner KAMINER CAMINER AMINER AMIN
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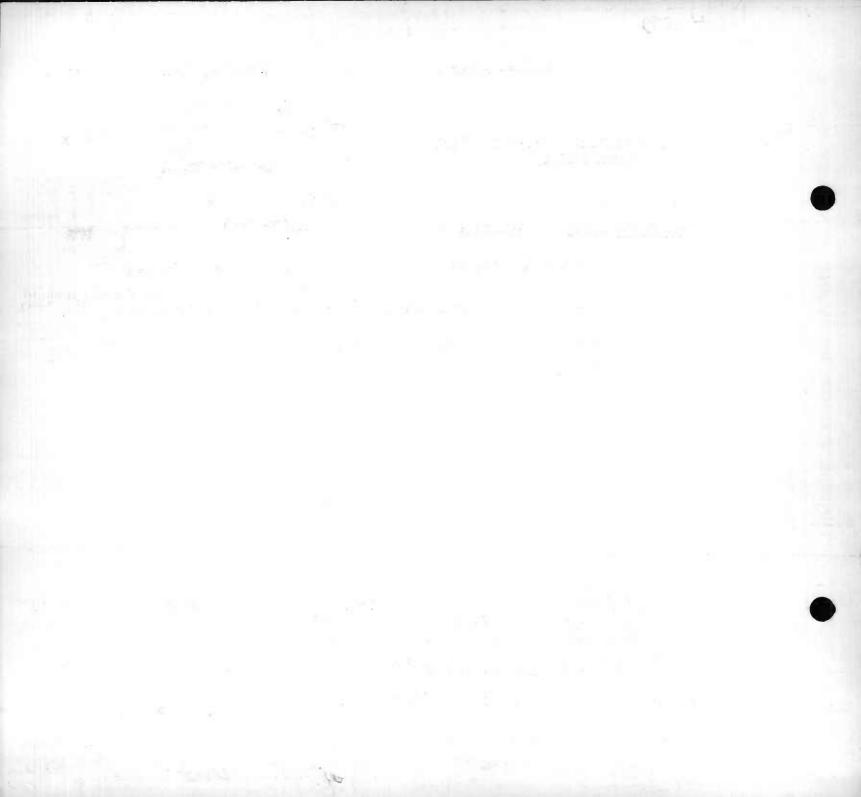
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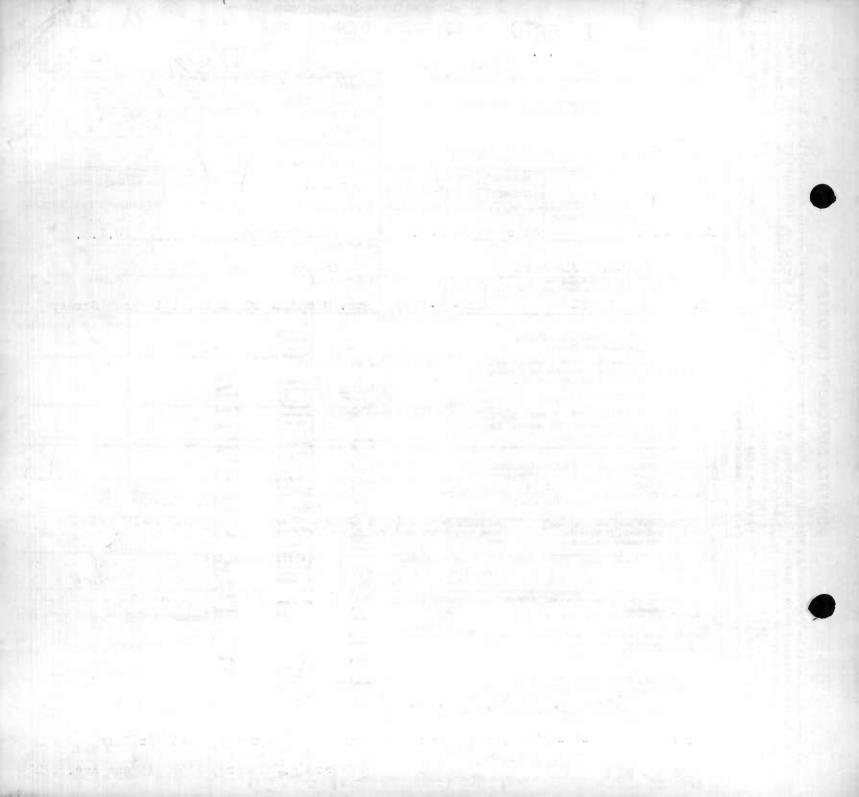
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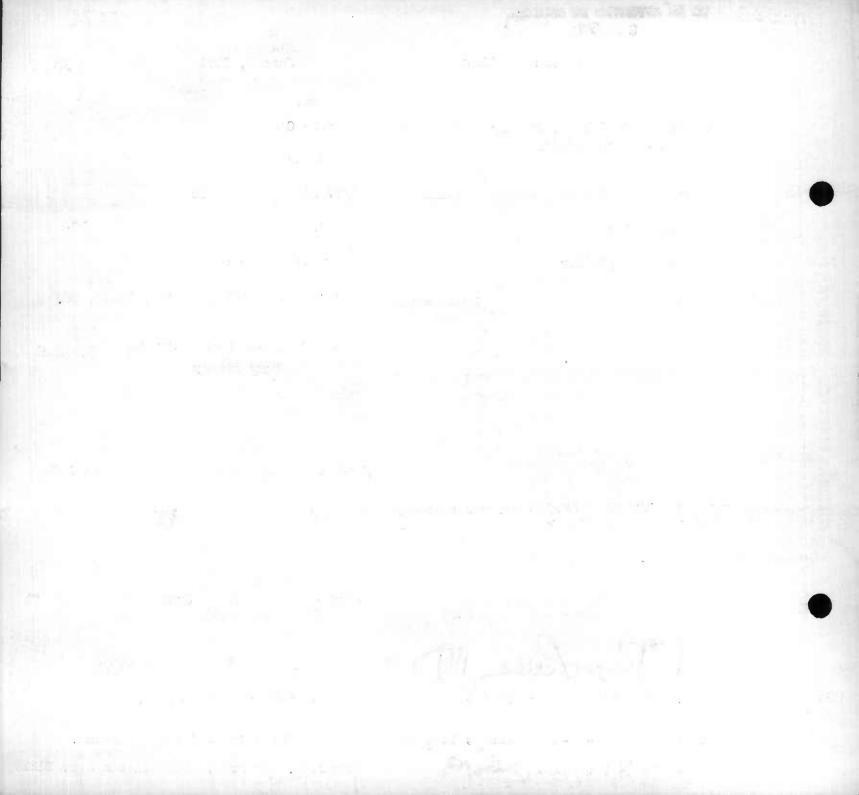
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED A.D. 2. DATE AND HOUR OF DEATH (Type or Pont) anagan 4. USUAL RESIDENCE (Where deceased lived. 3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSMTAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES 😾 NO E. STREET AND NUMBER The Johns Hopkins Hospital 1918 Bank Street 9. AGE (In years lost birthdoy) 6.7 5. SEX 6. RACE L DATE OF BIRTH Il Under 1 Ya 7. MARRIED X NEVER MARRIED If Under 24 Hrs. Hours White 4/18/04 Male WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Fabricator Storm Window Co. West Virginia U.S.A 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME William. Flanagan Raddie Mick 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)[iif yes, give war or dates of service) & SOCIAL 7. INFORMANT ADDRESS SECURITY NO. Yes WWTI 232-26-9793 Mrs. Glendora Flanagan, 1918 Bank Street CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO. OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSYZ (Yes of No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUE? 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF (II in Boltimore City, give exect location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not While While At [[APPROX] Work At Work 6 22. I certify that (I) (this hospital) attended the deceased from 19 77 to_ that (i) (we) lest saw the deceased alive an. and that In(my) (our) opinion death occurred on the date ond hour and from the causes stated above. (1) (We) (stat) (att set) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending | DEGREE 23D. ADDRESS 23C. PHYSICIAN'S NAME ITypel D. DEGREE John S. Kizer The Johns Hopkins Hospital 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial 6-14-1971

Parsons City Cemetery Parsons, West Virginia 125C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229

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TO BIRTH N		ROVED BY ME	DICAL 5674	CERTIFICA	TE OF D		. No. 71	5674
	OF DECE	ASED				2. DATE AND HOUR OF	DEATH	
			ucylla Rh			June 9, 197	1	3: 35 PM
3. PLAC	E IN BALTI	MORE MARYLAND, V	WHERE PRONOUS	NCED DEAD	4. USUAL RESI	B. COUNTY	lived. If institution	residence before admission)
FULL N	AME OF	(IF NOT IN HOSPIT	TAL OR INSTITUT	NON, GIVE STREET	P	a.		V-35
INSTITU	NON"	Health Serv			C. CITY OR TOV	e G rove	D. INSIDE CITY	
		Nyman Parkwa		1 Car	E. STREET AND		YES	□ № □
7	A =00	17 110011 1 0111111	~0		11	ute 1		
5. SEX	6	RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIRT		eois If Un	der 1 % . If Under 24 Hrs. si Doys Hours Min.
1	3	W	WIDOWED	DIVORCED	9/27/1	4	56 Month	s Doys Hours Min.
done duri	AL OCCUP	ATION (Give kind of working life, even if retired)	108 KIND OF	SUSINESS OR INDUSTR	11. BIRTHPLACE	(State or fareign country)	12. CI	TIZEN OF WHAT COUNTRY
	House				Pa.		İ	USA
13. FATH	ER'S NAMI				14. MOTHER'S			
		s Spittler			Ann	ie Spancake		
15. Was (Yes, no o	Deceased E	ver in U. S. Armed For f yes, give wor or dole	rces?	SECURITY NO.	17. INFORMANT			ADDRESS
	No		7	198-18-5712	Reco	rds- US PHS H	ospital,	Balto, Md.
18.	= 90	2.10	7	CAUSE OF DEA	н		-	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY	T A	Pulme	onary hemorrha	are due to	
(This	does nat	meen the mode of	dying, e.g.	(A) IMMEDIATE CA	A CONSEQUENCE	******************	-	Terminal
neor	r ranute, as	thenio, etc. Il meons icolian which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE	of: lung biops	y	
		TECEDENT CAUSES						
DISE	ASES OR	CONDITIONS, II	any, giving	DUE TO, OR A	A CONSEQUENC	E OF:	************************	
rise	to the	obave cause (A)	stoting three	Total Control				
		11		8 (c)				
OTHE	RSIGNIFIC	ANT CONDITIONS CO BUT NOT RELATED TO TO	NTRIBUTING &	E CH	Lymphocy	tic lymphoma		One year
✓ IDI2F /	ASE OR CON	IDITION GIVEN IN PAR	T 1 (A)	1				
194.	6/0/m	PERATION 198 CON WAS PER Lesi	FORMED	IICH OPERATION	20A. AUTOPS	(7 (Yes or No) 208, IF YES	WERE FINDING	S CONSIDERED DEATH?
₩ 21 A.	ACCIDENT	WAS UNDERLYING	OH PT. U	Post. Tone	ı ye	S	yes Boltimore City, gi	
OR C	H (notify m	WAS UNDERLYING PORTION CAUSE OF edicol exemines	home,	ACE OF INJURY (e.g., form, foctory, street, o	fice bldg., INJURY	OCCUMP // C	,	1111
	IME (A	Aonth) (Doy) (Year)	1000	HOSPITAL	215. 40	J TTJ	7026LL	1
OF IF	JURY	-9-71	White	At Not Whi	PULA	W DID INJURY OCCUR	MORRHAG	E DUE TO
-	P	(1) (abl = b	WOIK		A	LUNG BI	OPSY	
		at (I) (this hospital st saw the decease		deceased from	June 8	19 _71_ta	June 9	197
			4 111		197.	and that In(my)/(our) apinian de	ath accurred an the dote
	TONA CORE	ram rne causes sta	ed above. (1)	Me) (qiq) kata not)	lew the bady of	ter death.	Inch F	TE SIGNED
	1	Const	ttle	MAHA AHA	nding Me	ed. Staff X		TE SIGNED 10/71
23C.	HYSICIAN			/ CONCE	23 D. ADDRESS	ector Phys.	0/.	10/ /1
F	Roge	r Little, S	Surgeon (R.)		S Hospital, Ba	alto. Md	
		ATION, 24B. DATE		DEGREE		24D. LOCATION	(City, town,	as country) (See)
	_							
Buria 25A. DA		6-14-19 HEALTH DEPT.	258 NAME OF	bs Cemetery	25C. FUNERAL	Pine Grove	rownsnip	, Penna.
11	IN 1K	1971 Paller	25B, NAME OF	MA			4107 Wil	kens Ave. 2122
S 150-R	V. 1/1/6B	N 7 7 8		-	7 1	emi Ea		



	M-240 71 5675		TE OF DEATH	X REG. NO. 7	1 5675
	AME OF DECEASED EDWARD FR	ANCIS MIS	KFL) V Gun	D HOUR OF DEATH	1640
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD		re deceased lived, If inst	itution: residence before odmission)
II HO	LL NAME OF (IF NOT IN HOSPITAL OR I SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C.CITY OR TOWN	BATIMORES D. INSID	5 3 0 0 E CITY LIMITS?
14	UNION MEMORIAL	HOSPITAL	E. STREET AND NUMBER 3304 14	1.	YES NO NO
5. \$	MAR	RIED ANEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
IOA.	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if refired)		11. BIRTHPLACE (Slole or fore		12. CITIZEN OF WHAT COUNTRY?
	SAZESUAN SAL	ESHAN IN A HOLL		LAND	AMPOICAN
	ATHER'S NAME CHESTER MI	SICECCY	14. MOTHER'S MAIDEN NAM	WE KATHERI	NE MEEHAN
15. V (Yes,	Vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of serv		17. INFORMANT	ART	ADDRESS
	18.	2/6-63-7048 CAUSE OF DEATH		77707	
	OISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT	•		BETWEEN ONSET AND DEATH
	LEAOING TO DEATH	(A)IMMEDIATE CAU	E MAJSIVE	Hilmandia	2 MINUTES
1 1	(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the disc	e.g., DUE TO, OR AS A	CONSEQUENCE OF: Des	Laction	3
	injury or complication which caused death.)			-greates	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B)			
	nise to the above cause (A) slating UNDERLYING CONDITION last.	1110	A CONSEQUENCE OF:		
-	ONDERENING CONDITION (ast.	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			
ERTIFIC	9A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	PARTIAL	208, IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
CALC	PA. ACCIDENT WAS UNDERLYING DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, foctory, sheet, office)		(If In Boltimore C	City, give exoci location)
3 0	ID. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
2	2. I certify that (I) (this hospital) attend		, O.G.	971 to 06-	17 10 11
	hot (1) (we) last saw the deceased olive	an 200 06	-12 2 1		n deoth occurred on the dote
0	and haur and from the couses stated abov	e. (1) (We) (did) (did not) vi	ew the body ofter death.	Tany day abilita	" government of the gold.
2	3A. SIGNATURE			23	B. DATE SIGNED
	every ly us	DEGREE Phys.	ding Med. S	Hoff Brys.	June 12, 1971
2	3C. PHYSICIAM'S NAME (Type)		D. ADDRESS		
24A.	BURIAL CREMATION, 124B. DATE 124	DEGREE		HORIAL ILO	181746
	REMOVAL (Specify)	C. NAME of CEMETERY OF CREA		,,,	lown, or countyl (Stotel
-	DATE REC'D BY HEALTH DEPT. 258. NAM	ME OF REGISTRAR	13	Acto-MP	•
	111N 15 1971 Paber E. J.	eben M. D.	25C. FUNERAL DIRECTOR	AL7401	Belais Rd, 2/23,
VS 15	50-REV. 1/1/68	/***	1 4 mondo	11. 101	- your rain of

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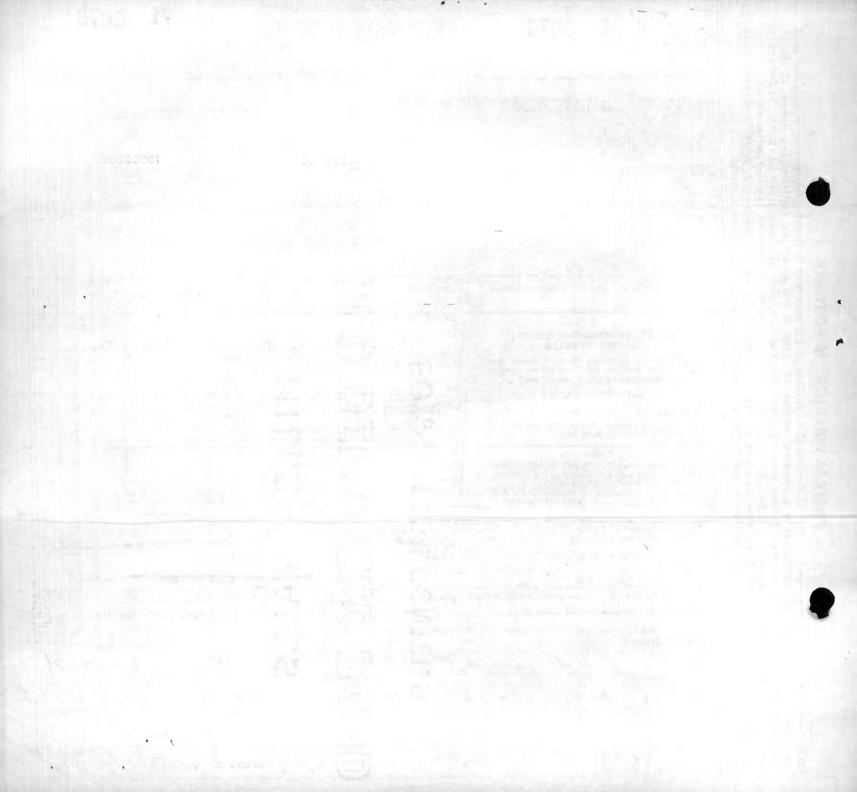
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Thereby H. THON BEROOMED. B.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	74 5070
5-35/71 5676	CERTIFICA	TE OF DEATH	reg. No. 71 5676
1. NAME OF DECEASED		2. DATE AND HO	UR OF DEATH
CATTERIAM		t le-12	-71 3:10 PM.
3. PLACE IN BALTIMORE, MARYLAND, WE	TERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	ased fived. If institution: residence before admission)
FULL NAME OF HE NOT IN HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	maryland	2301
HOSPITAL OR ADDRESS OR LOCATION	IION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Bh 11 0.000 1		Ballimere	YES NO
Jouth Ballimure &	une wat Huspatal	E. STREET AND NUMBER 1226	
5. SEX 6. RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	Un years If Under 1 Yr., If Under 24 Hrs.
T W	WIDOWED DIVORCED	9 - 93 lost bir	8 us
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or foreign cou	nity) 12. CITIZEN OF WHAT COUNTRY?
Housewife		Grew Juney	4 8A
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Genera (dec.))	Eum min s	(dee.)
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS //
	214-46-2114	James P. Ahipp	6062 Hanover Rd. Hanover
18./ 8×71X	CAUSE OF DEAT	H //	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE		tath it	dan anothering Co
LEADING TO DEATH	dving. (A) IMMEDIATE CA	USE	va sugarona
heart failure, asthenia, etc. It means t	he disease.	TE BRONCHOPA	I EUNIONIA DUE TO
injury or camplication which caused o	leding the	TE SKONCHOT	andio vascular de
ANTECEDENT CAUSES	(B)		
rise to the above cause (A)	ny, giving DUE TO, OR A	A CONSEQUENCE OF	= 877
UNDERLYING CONDITION last.	(c) 7 ×	mineris &	, 6 / franc
- 11	31 27 8		
O OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART			
DISEASE OR CONDITION GIVEN IN PART	1 (A).	120 A ALIMAN AND AND AND AND AND AND AND AND AND A	45
19A. DATE OF OPERATION 19B. COND. WAS PERFO		20 A. AUTOPSY? (Yes of No.) 20 R. IN C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
	ZTE PLACE OF INJURY (e.g.,	In or about 27 C. WHERE DID	(It in Boltimore City, give exact location)
▼ DEATH Inotify medical examined	home, form, foctory, street, c	office bldg. INJURY OCCUPY	33-0
9	(Hour 215 INJURY OCCURRED	21F. HOW DID INJURY O	Acina one city
E OF INJURY		le to	
2 (APPROXI 6-10-71		A Property	sed out fell
22. I certify that (i) (this hospital)			1 to 6-12 1971
that (1) (we) last saw the deceased	alive an 6-12	19 F1 and that In (r	my) (our) opinian death accurred on the date
and haur and from the causes state	d abave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE			238. DATE SIGNED
Kilia B. Villa	yama ns. D. Att	anding Med. Stoff Physics.	6-12-71
23C. PHYSICIAM'S NAME (Type)	yama, M.D. Am	23D. ADDRESS	
	AFANIA M.D.	BOLLTH RAI	10. GEN. HOSD.
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATIO	
REMOVAL (Specify)			to the state of th
25APONE REC'D BY HEALTH DEPT 2	Holy Cross Ceme	Base Base Base Base Base Base Base Base	ltimore, Md.
111N 1 5 1071 D. Q.	SE HAME OF REGULAR	25C. FUNERAL DIRECTOR	Il Home 130 E. Fort Ave.
JUIL 13 KM, Coster		"in any i wien	a nome 130 C. FORE rive.



	L-130 71 5677		TE OF DEATH	71 5077	
	DINITI NO.	CERTIFICA	TE OF DEATH REG. NO.	U.S. UDII	
	1. NAME OF DECEASED (Type or Print) 1 A DATE ANTOR	METTE EDITO	2. DATE AND HOUR OF DEATH		
	LA BATE, ANTOI	NETTE EDITH	JUNE 12 1971	1 6:05P M.	
	WHERE PK	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II	institution: residence before admission)	
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MD BALTIMORE COL	INTY 5300	
	ST . AGNES HOSPIT		C. CITY OR TOWN D. INSIDE CITY LIMITS?		
	4/ WILKENS & CATON		BALTI MORE E. STREET AND NUMBER	YES NO X	
ė	BALTIMORE, MARYL	AND 21229	6505 FREDERICK ROAD		
0 11	C.F.V.	RIED NEVER MARRIED		If Under 1 Yr., If Under 24 His.	
E	FEMALE WHITE WIDON	MED DIVORCED	8. DATE OF BIRTH 9. AGE (in yeors lost birthday) 55	Months Doys Hours Min.	
	OA. USUAL OCCUPATION (Give kind of work 108, KIN lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Sposition	HOUSEWIFE		OHIO	UNITED STATES	
308	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
- 11	ROBERT ROSSINI		JOSEPHINE ()	
5	5. Wes Decessed Ever in U.S. Armed Forces? Yes, no or unknown) [If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	NO	SECORITI NO.	ST. AGNES HOSPITAL RE	CORDS	
	18. 4 4 9	CAUSE OF DEATH	1 O	APPROXIMATE INTERVAL	
3	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not meen the made al dying,	(A) IMMEDIATE CAU	se /liliconary adeci	1a I have	
	heart foilure, asthenio, etc. It means the dise injury ar camplication which caused death.)	use, DUE TO, OR AS	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	4/ 1	war julanette		
	DISEASES OR CONDITIONS, if any, gir	(B) CELLE	A CONSEQUENCE OF:	1 days	
5	rise to the above cause (A) stating	the	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last	(c)	***************************************	***************************************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG T/	(1117.60)	- / /	
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL TUROU	Sophlebiti (P-lej	I lo days	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
			NO	COSES OF DEATH?	
′ 11	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inosity medical examined	218 PLACE OF INJURY (e.g., in home, form, loctory, street, off etc.)	or oboul 21 C. WHERE DID (If In Boltimo	re City, give exoci location)	
1113	21D.TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	OF INJURY IAPPROX.)	While At Work Not While At Work			
	22. I certify that XIX(this hospital) attended	Work L. At Work			
	that XI) (we) last saw the deceased alive		JUNE 3 19 / 1 to J		
		noneth and a second	1971and that In (%) (aur) opi	nion death occurred an the date	
	and haur and from the causes stated above	o (d (me) (qqq) (qx(qx(n)x(t) Al	ew the body after death.	23 B. DATE SIGNED	
	Steello ABLO estal.	Atten	ding Med. Staff Phys.	23R DATE SIGNED	
	23C. PHYSICIAN'S	DEGREE Phys.	Director Phys. C	10/12/1	
	P. WESTPHALEN, M.D.			TAMORE MARKET	
2		DEGREE OF CREATERY OF CREATERY	ST. AGNES HOSPITAL BAL	ITMURE MARYLAND	
2	Burial 6/16/71	Lake View	Carroll Co. M	d.	
	SA. DATE REC'D BY HEALTH DEPT 258 NAME OF EACH PARTY OF THE PARTY OF T	REGISTRAR	25C. FUNERAL DIRECTOR	NS 21228	
V	150-REV. 1/1/68		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V- 7/47V	

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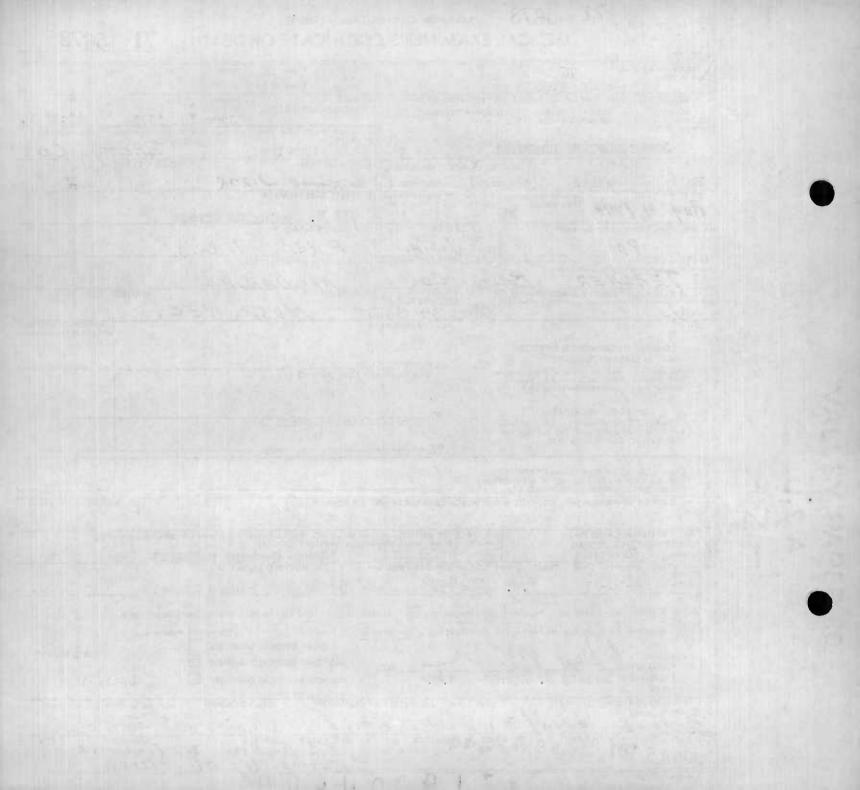
25C. FUNERAL DIRECTOR

ADDRESS

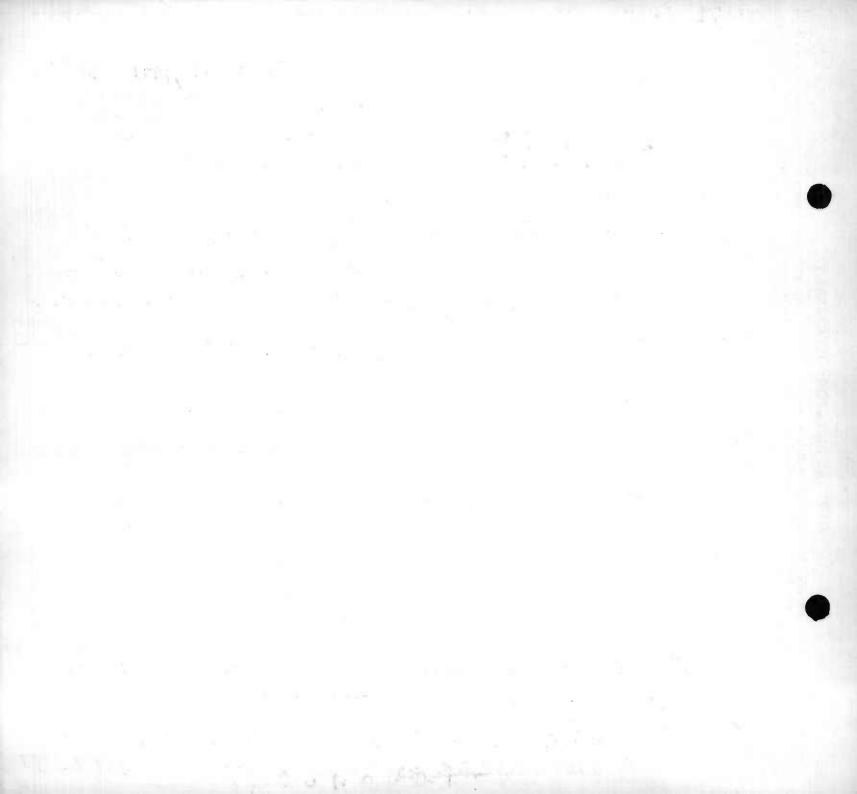
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25A. DATE REC'D BY HEALTH-DEPT.

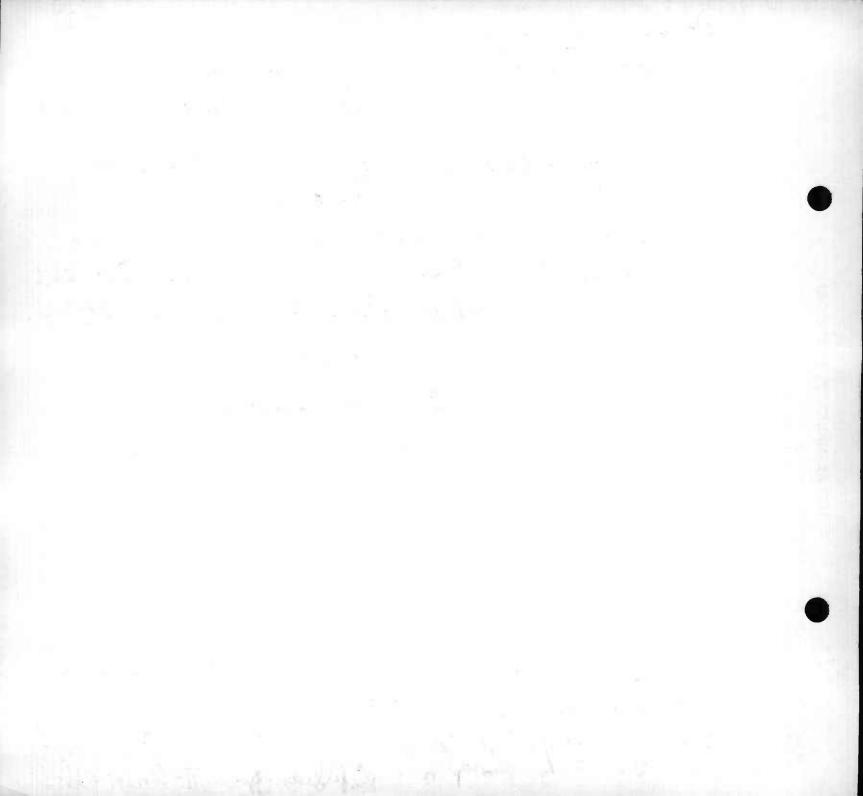
VS 151-REV. 1/1/68



VS 150-REV. 1/1/68



	BALTIMODE CITY	MEALTH DEDADTHELE	1/	
1)-000		HEALTH DEPARTMENT	X PEG NO	74 5680 **
BIRTH NO. 71 5680	CERTIFICA	TE OF DEATH	REG. NO	71 00-
1.NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	
UAY, CLARENCE	ν .		13-71	1 7:20 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	C, CITY OR TOWN	VERNA PK	ANN ARUNDEL
43		1	D. 11431	YES NO NO
SOUTH BALTIMORE GEN.	HOSP	PO BOX 23 J	ONES STATI	04 215200
E REV		8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. , Il Under 24 Hrs.
M WIDOWED	DIVORCED	11-26-09	lost birthdoy)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
NONE WAS SE	LF-EMPLOYED	MARYLA	1//)	U.S.A.
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NA	ME	. 0
CLARENCE (dEC.) 15. Wos Deceosed Eyer in U. S. Armed Forces?	Vay	CARE	y (dec) Thight
(Yes, no or unknown) (If yes, give wor at doles of service)	SECURITY NO.	17. INFORMANT	0	ADDRESS
18. / < 0 / 1	18-07-0743	Heorge Dan	1. Diver	na FR. M.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAUS	· lumanides		
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
ANTECEDENT CAUSES	BAIRW	mile AP DO	40.10.	
DISEASES OR CONDITIONS, il any, giving	(B) (B)	orua of the	progue	<u> </u>
nise to the abave cause (A) stating the UNDERLYING CONDITION last,		CONSEQUENCE OF:	(a	
	(c)			**********
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING TO 1218 BI	ACE OF INITION (!-	YES		
DEATH (notify medical examiner) 218. PI home, etc.) 210. TIME (Month) (Doy) (Year) (Hour) 218. II	form, foctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E, II	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX) White Work	At Work			
22. 1 certify that (1) (this hospital) attended the	deceased from	1	9ta	19
that (1) (we) lost sow the deceased office an	***************************************	19and the	ot in (my) (our) opini	Ian death occurred an the date
and haur and from the causes stated above. (1)	We) (did) (did not) vi	w the bady after death.		
23A. SIGNATURE	100			238 DATE SIGNED
me energy Decles for del.	Aften Phys.	Director L	Staff Phys.	6-13-71
23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		
24A BURIAL CREMATION 124B, DATE 124C NAME	3/TERODEGREE	SB		
PREMOVAL (Specify)	E OF CEMETERY OF CREA	24D LC	CATION (City,	town, or county) (State)
25A, DATE REC'D BY HEALTH DEPT. 125B NAME OF	REGISTRAR	PAGE FUNERAL DIRECTOR	rnold (Ca Ma
JUN 15 1911 Valent E. Jaben A	0	A STATE OF THE STA	2000 1/2/	2 MONESS
VS 150-REV, 1/1/6B		THE COMM	Leve H-1	anna ila.



VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

1000

Wm C

25C. FUNERAL DIRECTOR

ADDRESS

March 928 E. North Ave.

A WE I WILL HOTEL STEET FRANK OUT OUT LINES TO AND AND THE PROPERTY OF THE PARTY OF THE PAR AND THE TAX OF THE PARTY OF THE

17.	- F74		BALTIMORE CITY	HEALTH DEPARTMEN	T	
BHITH NO.	571 56	32	CERTIFICA	TE OF DEATH	H REG. NO.	74 5682
1. NAME OF DEC	Tack C	in m	-1		AND HOUR OF DEATH	2:3:3
3. PLACE IN BAI	TIMORE MARTLAND, V	WHERE PRONG	NINCED DEAD	A USUAL RESIDENCE	-/3-7/	institution; residence before admission
FULL NAME OF	(IF NOT IN HOSPI)	AL OR INSTIT	TUTION, GIVE STREET	A. STATE B. C. MARYLAND	OUNTY	1300
NOTTUTTEN	ADDRESS OR LOC	A IION)		C, CITY OR TOWN		SIDE CITY CIMITS?
77				BALTIMORE		YES NO
33 HE J	ония Норкій	IS HOSI	PITAL	754 RESER		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., Il Under 24 Hrs
+	NEGRO	WIDOWED		7-31-14	9. AGE (In years last birthday) 56	Months Doys Hours Min.
10A, USUAL OCC done during most of	UPATION (Give kind of working life, even if refired)	108, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
13 54511515				South Caro		
13. FATHER'S NA				14 MOTHER'S MAIDEN	NAME	
. WASH	PACKETT			Omeda		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, , , , , , , , , , , , , , , , , , , ,			Dest 2 0		D
18. 29/			CAUSE OF DEATH	Primeiee G	r1111n 754	Reservoir St.
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION last,	any, giving	(8) DUE TO, OR AS	A CONSEQUENCE OF:	S musped	distort
JO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 179% CON	HE TERMINAL T 1 (A). DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	r No) 208. IF YES, WERE	FINDINGS CONSIDERED
2 No	WAS PER	FORMED	12	YES	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBU	TING CAUSE OF	218 hon elc.	LPLACE OF INJURY (e.g., in ne, form, loctory, street, off	or obout 21 C. WHERE DI	O (If In Boltimo	re City, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
E (APPROX.)	hon	Wh	ile At No Not While		0/ 2	
	7 * 0	Wo	IK At Work		77 0	-
22. I certify	that (1) (this hospital) attended t	he deceased from	5-3	19 <u>Z/to</u>	6-13 19/1
that (I) (we)	last sow the decease	d alive on	6-13	19 <u>7</u> onc	that in (my) (our) opi	inian death occurred on the dat
and hour and	from the couses stat	ed above	(We) (did) (did not) vi	ew the bady after dea	th.	
23A. SIGNATU						23 B. DATE SIGNED
23C. PHYSICIA	s) Cemell	ال	OEGREE Phys.		Stuff Phys.	6-13-71
PAYON	O GONZAL	2-1/2	rillo In MD	3D. ADDRESS	Hopkins	Hophel Belto Md.
REMOVAL (S	MATION, 248. DATE	24C. N.		MATORY 240	LOCATION (C	ity, town, or county! (Stotel
Burial	6/17/7	1 Wes	stern Star C	emetery C	atonsville.	Md.

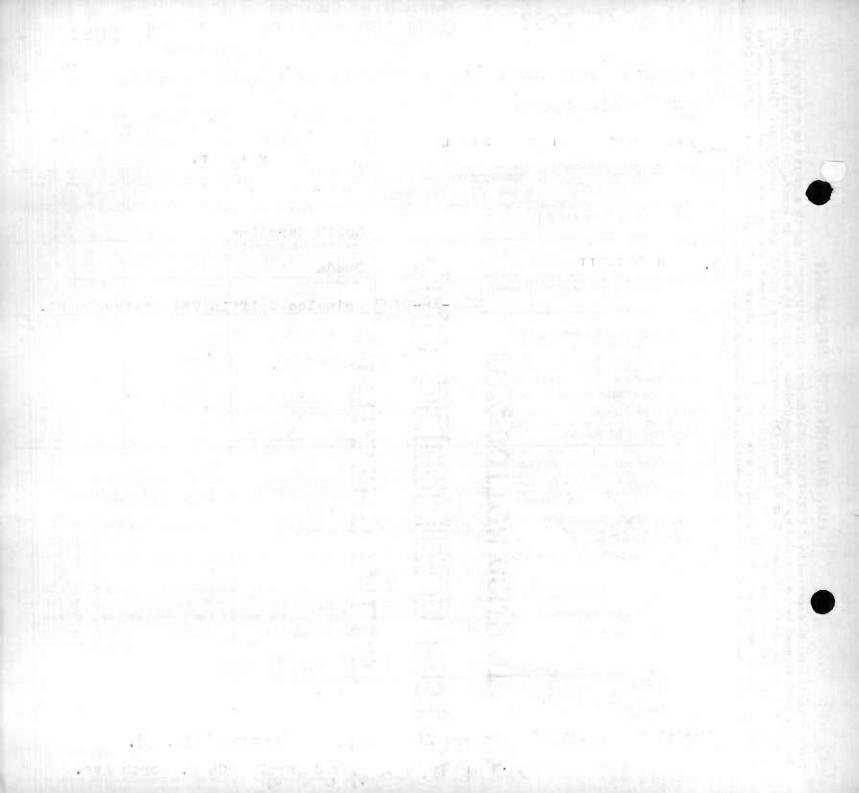
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C

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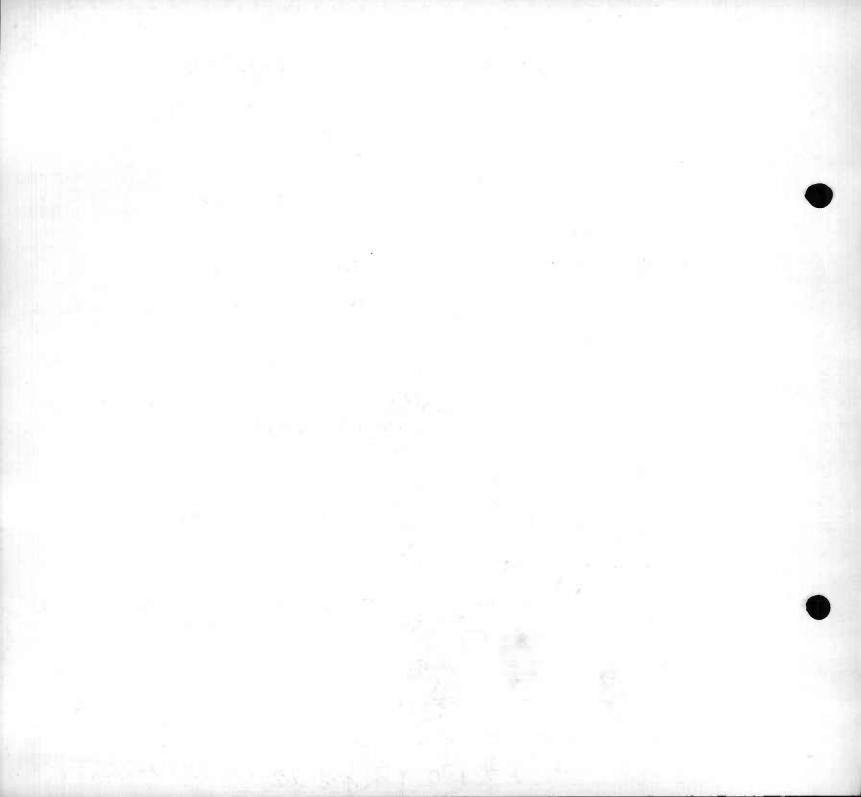
928 E. North Ave.

BLAE.

VS 151-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

1 1 525 '4 DEXA	TIMORE CITY HEALTH DEPARTMENT 71 5684
BIRTH NO.	RTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
LANDON TAMES K.	6-12-7/ 6.00A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	A. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET MD. BALTO. CITY DO 1
BON SECOURS HOSPITAL	BALTO. YES TO NOT
24	E. STREET AND NUMBER
0/	2113 BARCLAY STREET
	MARRIED 6. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
CONSTRUCTION	N.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK LONDON	MAMIE HALL
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or doles of service) SECURI	17. INFORMANT ADDRESS
	MRS MATTIE HESTER 2113 BARCLAY
9 / 3 /	SE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AMEDIATE CAUSE Septionnia 24 weeks
I meant idilute, asinehia, etc. it means the disease,	UE TO, OR AS A CONSEQUENCE OF:
injury at camplication which caused death.)	
ANTECEDENT CAUSES	Blaces, respit upper love of lung 21/2 weeks
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	UE TO, OR AS A CONSEQUENCE OF: WITH PHILIMONIA
UNDERLYING CONDITION lost. (C)	are presente succ
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
198- CONDITION FOR WHICH OPER WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING TO 21B PLACE OF I	INJURY (e.g., in or obout 21°C. WHERE DID (If in Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foct DEATH (notify medical examine)	INJURY (e.g., in or obout 21°C. WHERE DID (If in Bottlmore City, give exect location) ory, street, office bidg., itNJURY OCCUR?
M OF WILLY	
(APPROX.) While At Work	Not While At Work
22. I certify that (1) (this haspital) attended the decease	d fram [-2/-7/192/ta 6-/2 192/
that (1) (we) last sow the deceased alive on 6	19 1/ and that in (my) (our) opinion death accurred on the date
and haur and fram the causes stated abave. (1) (We) (did)	
23A. SIGNATURE	23B. DATE SIGNED
Xolunte 2. 1 M.	D. Attending Med. Staff X
and the second	DEGREE Phys. Director Phys. 23D. ADDRESS
23C. PHYSICIAN'S NAME (Type)	
YOUNG JA! LEE	- M.P. Bon Secours Hosp. BAL Md2/223
REMOVAL (Specify)	LETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
BURIAL 6/16/71 MATHUB	URN CEM, BALTO. MO.
25A. DATE REC'D BY HEALTH DEN. 25B. NAME OF REGISTRAL	R 25C, FUNERAL DIRECTOR ADDRESS
JUNIO 1311 ACOUNTY CO MANAGE OF MANA	WM MARCH 928 ENORTHA
VS 150-REV. 1/1/68	



BALTIMORE CITY HEALTH DEPARTMENT

71 5685 BIRTH NO.	MEDICAL	EXAMINER'S			DEATI	REG. NO.	71	5685
1. NAME OF DECEASED (Type or Print)	GENE LLYC	H	2. DATE OF DEATH	Knawn .	Manth	Day	Year	Haur
	47	ONOUNCED DEAD	3. DATE PRONOUNG	CED DEAD	Manth 6	Day 5	Yeor 1971	4:05 a M
OR INSTITUTION	pkins Hosp	ital	5. USUAL RESIDA. STATE			ed, if institution B. COUNTY	n: residence	S ()
6. SEX		IED NEVER MARRIED	C. CITY OR TO	WN	ma a 100 fear	D. INSIDE C	ITY LIMITS?	
male negro	WIDOW		Ba	alto.		Y	ES 🔀	NO 🗆
9. DATE OF BIRTH 6 - 29- 1949	10. AGE (In years lost birthdox)	If Under 1 Yr, If Under 24 Hrs, Manths, Days, Haurs, Min.		NUMBER B E. Fed	eral S			
11. BIRTHPLACE (State or foreign North Carolina	cauntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S N					
14A.USUAL OCCUPATION (Give done during mastaf working life, eve Printer's help	n if retired)	OF BUSINESS OR INDUSTR		MAIDEN NAM Richards				
16. WAS DECEASED EVER IN L (Yes, na ar unknawn) (If yes, give w	S. ARMED FORCES	? 17. SOCIAL	18. INFORMAN	VĪ		Ba	DDRESS Lltimo	re,Md.
No light		CAUSE OF DEA		ynch, 53	1 N.,P	atterso	on Pari	PROXIMATE INTERVAL
DISEASE OR CONDILEADING TO (This daes not mean the results of the control of the	DEATH node of dying, e.g., If means the disease, occused death.) CAUSES NIS, IF ANY, GIVING SE (A) STATING THE DN LAST. I DITIONS CONTRIBUT RELATED TO THE TERM	(A)IMMEDIATE (DUE TO, OR (B) DUE TO, OR (C)	Vound of a	NCE OF:				
20A. DATE OF OPERATION		FOR WHICH OPERATION W	AS PERFORMED				yes	PSY? (Yes ar Na)
UNDERLYING FOR CONT UTING CAUSE OF DEAT	RIB-	22B. PLACE OF INJURY(e.g., home, farm, foctary, street, offic NOUS C	, in ar abaut 22C. ce bldg., etc.) INJL	JRY OCCUR?		gton St		07
22D. TIME (Month) (DO OF INJURY (APPROX.) 6-5-71		WHILE AT NOT	•	not by p		***		
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Muli	Inspection Au Accident Suicide M.C. Lakis, M.D. 24C. NAME of CEMETERY Pine Chapel	de Homi CHI ASSISTA ASSOCIA	EF MEDICAL EXAMPLE MEDICAL EX	Undetermin XAMINER XAMINER XAMINER	ed manner	6/5	
25A. DATE REC'D BY HEALTH D	EPT. 25B. N	AME OF REGISTRAR	The second second	NERAL DIRECTO	OR .	-4	ADDRESS	ville,N.C.
VS 151-REV. 1/1/6B	7 2	77.	O A S	A Contract of	A COLLEGE	_ nome ,	1	, , , , , , , , , , , , , , , , , , , ,

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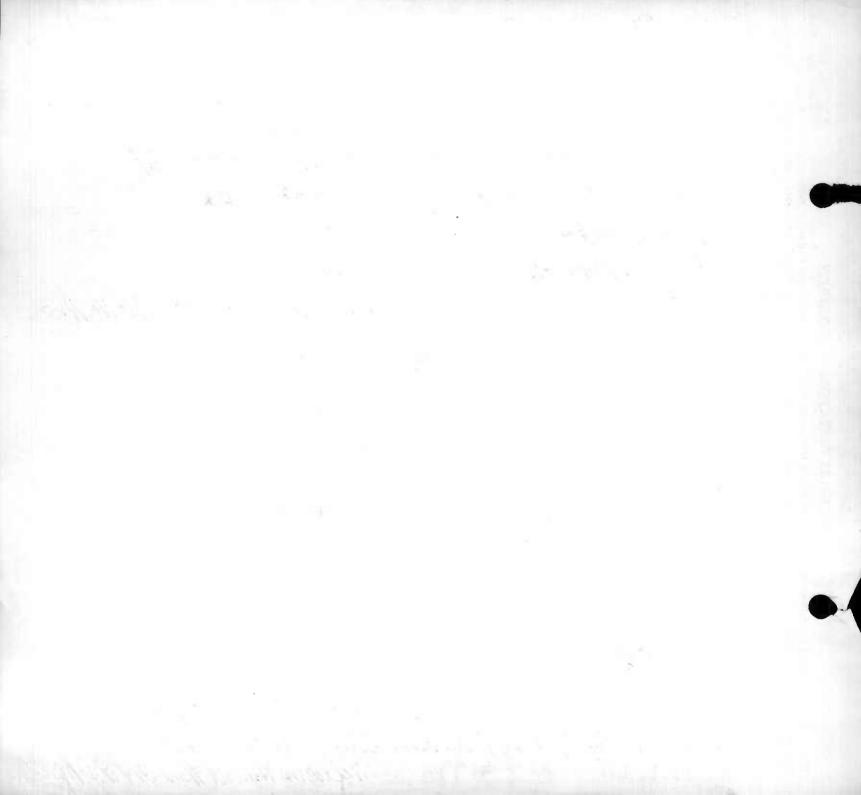
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed ar final disposition is made. FUNERAL DIRECTOR: IMPORTANT

H-630	71 56	K 門類	Y HEALTH DEPARTMENT REG. NO.	71. 5686
BIRTH NO.		CERTIFICA	TE OF DEATH REG. NO.	1, 2 1,000
1. NAME OF DECEA	SED		2. DATE AND HOUR OF DEAT	Н
1.7pe or runn	Wilbe	ert Howard	6-12-71	3:00 p.
3. PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	
PHILI MANAGE OF			Maryland	13 . 1
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		1502
NOITUTITENI		Hospital, Inc.		ISIDE CITY LIMITS?
20	2600 Liber	rty Heights Avenue	Baltimore	YES 🔼 NO 🗌
0/		, Maryland 21215	E. STREET AND NUMBER 2254 Brookfield Avenue	
			2254 Brookfreid Avenue	
	RACE	7. MARRIED A NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. , II Under 24 Hrs.
Male	Black	WIDOWED DIVORCED	7-21-29 lost birthday) 41	Months Doys Hours Min.
OA. USUAL OCCUP	TION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
ions during most of wor	king life, even if retired)	17.91	Owings Mills, Maryland	U.S.A.
roduise	Veller		Owings Milis, Maryland	0.5.A.
3. FATHER'S NAME	1	/ /	14. MOTHER'S MAIDEN NAME	
Jouns	09 / X	all and	Paking Mhan	
5. Was Deconsed Ev	er in II. S. Amand For	505. 119 cociai	Carrie Lines	
(os,na or ynknawn) ()!	yes, give war ar doto	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		216-24-8346	Larken Johnson - close fr	iend SAME
16 7 /	0.	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIR	ECTLY A	00' 00 1	BETWEEN ONSET AND DEATH
LE	ADING TO DEATH	1160	Lesus Chronica	
(This does not	mean the mode of	dying, e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:	
heart failure, asi	henia, etc. Il means calian which coused	the disease	A CONSEQUENCE OF:	Accel
		deams Aremie	1 macragle &	//
	TECEDENT CAUSES	(B) Refice	even	
DISEASES OR	CONDITIONS, il	any, giving DUE 10, OR AS	A CONSEQUENCE OF:	Ø
UNDERLYING C	bave cause (A)	/ 1 // 1/ //	ellanthai Hohalis st	2478/10
		(c) 00(A)	- com grave property	
Z OTHER CLOSES		C Hepalie to	ulura !	5 /
TO THE DEATH B	NT CONDITIONS CON UT NOT RELATED TO TH	NTRIBUTING P. O	later Bil & Multiple	Tintal!
DISEASE OR CON	DITION GIVEN IN PART	[] (A).	wellow record	77769
OTHER SIGNIFICATION THE DEATH BE DISEASE OR CON 19 A-DATE OF OF OTHER SIGNIFICATION TO THE DISEASE OR CON 19 A-DATE OF OFTH DISEASE OR CON 19 A-DATE OF OFTH DISEASE OR CON 19 A-DATE OF OFTH DISEASE OR CON 19 A-DATE OF O	WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
		, /		AUSES OF DEATH?
OR CONTRIBUTION	WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Baltim	ore City, give exact location)
DEATH (natify me	dicol examined	hame, farm, factory, street, of	ice plog INJURY OCCURS	
	anth) (Doy) (Yearl	(Hour 21E INJURY OCCURRED		
OF INJURY	(-0), (100)		21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Work Not While At Work	· 🗌 📗	
22. I certify the	t (1) (this hospital)	attended the deceased from Ju	ne 9, 30 71 Jun	ie 12, 71
that (1) (we) las	t sow the deces	d olive on June 12,	71	
				inian deoth occurred on the dote
and hour and fro	om the causes state	ed above. (i) (We) (did) (did nat) v	lew the body ofter death.	
23A. SIGNATURE	1000	9 1		23B. DATE SIGNED
1 6/	the Vi	QUYUX M.D. Atte	nding Med. Stoff Phys.	6-12-71
23C. PHYSICIAN'S	Thurs of	PLONEE		0-12-71
23C. PHYSICIAN'S NAME (Type)	ROTE O		3D. ADDRESS	
WE	DOIEK	DEWELL M.B.	2600 Liberty Heights Ave.	Balto., Maryland
BEMOVAL (Special		24C. NAME OF CEMETERY OF CRE	MATORY A 24D. LOCATION & CO	lown or county) (State)
FREMOVAL (Spec	6/14/1	1 L. L. on		VIII
SA. DATE BECOM	HEALTH DEET	/ Willes Men		Illa,
11 181 4'00 0	TAT O DIA	JOSEPH AND THE OF REGISTRAN	25C. EUNERAL DIRECTOR	ADDRESS
JUN 15 B	A CO-BESS	0 0	VISCOUNTS Jan 1 Al the	ne 31911 Lillardas
S 150-REV. 1/1/68				- July 6

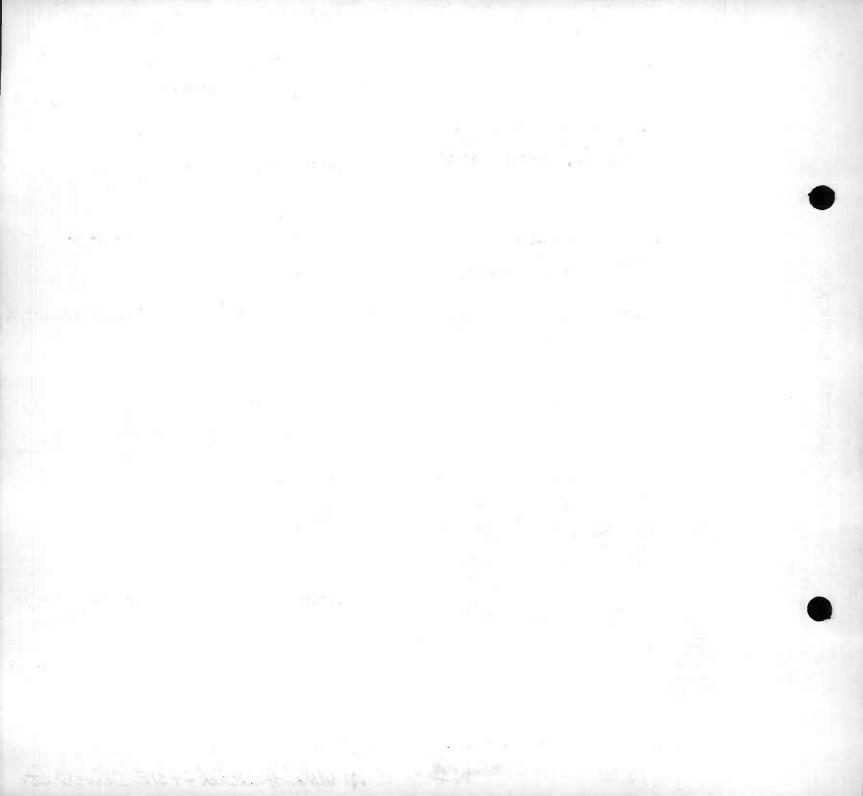
memors bill makes list. sales for Tenal and a parametrization finally are a source order. Neededle

The water of the state of the s

Manil m	BALTIMORE CITY	HEALTH DEPARTMENT	Pri d	
BIRTH NO. 5687	CERTIFICA	TE OF DEATH	REG. NO. 71	5687
1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	2.5
mitchell, ELIZAbeth		6/13	3/7/	225
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution:	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET		valuga St.	BorosoMo.
38 UNIVERSITY HO	SPITAL	E. STREET AND NUMBER	YES E	NO 1/80
5 CEY K BACE				
F WIDOWED X	NEVER MARRIED DIVORCED		AGE (In years II Und the birthday) Manth	s Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country 12 Ct	TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Atlanton 1	2	JSA
13. ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Farl Wannen		Julia ?		
15. Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Viven Hilton	al 3735 F	Zalla Show
18.	CAUSE OF DEATH		0 0/10/0	115/19/0
DISEASE OR CONDITION DIRECTLY	CHOSE OF DEATH	0 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	E X Ordon	ete	
17his does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or camplication which caused death.) ANTECEDENT CAUSES	Olo	legitely + h	and obland	
	(B)		na overude	n
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:		
And the state of t	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
O DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHI	CH OPEN TION	1004		
19A DATE OF OPERATION 19B CONDITION FOR WHI		20A. AUTOPSY? (Yes or No.) 2	N CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF home, olc.)	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimore City, gi	ve exact location)
OF INJURY (Month) (Doyl (Year) (Hour) 215 IN	JURT OCCURRED	21F. HOW DID INJURT	OCCUR?	
(APPROX.) While Work	Not While At Work			
22. I certify that (I) (this hospital) attended the	leceased from	19	to	19
that (i) (we) last saw the deceased alive an		19and that i	in (my) (aur) aplnian dec	oth accurred on the date
and haur and from the causes stated above. (1) (1) 23A. SIGNATURE	(did) (did nat) vi	w the bady after death.		
23.4 SIGNATURE	Pa: Atten	ding [] Med. [] Stal		TE SIGNED / 7/
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director Phy Do ADDRESS		1/ 2/ 4
NAME (Type)		University	Hoont	1 1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	AL CEMETERY OF CREA	NATORT 24D. LECA	ATION CONTROL	or countyl (State)
BUKICE 6/18/91 1/17	aulaisa	Mm. Bar	16 4111.	
25A DATE REC'D BY HEALTH DEPT. 25B NAME OF B	EGISTRAR	25C. FUNERAL DIRECTOR	41.	ADDRESS
	76.03	Milliams rin	Used Home 31	9 8/schocen
VS 150-REV. 1/1/68				

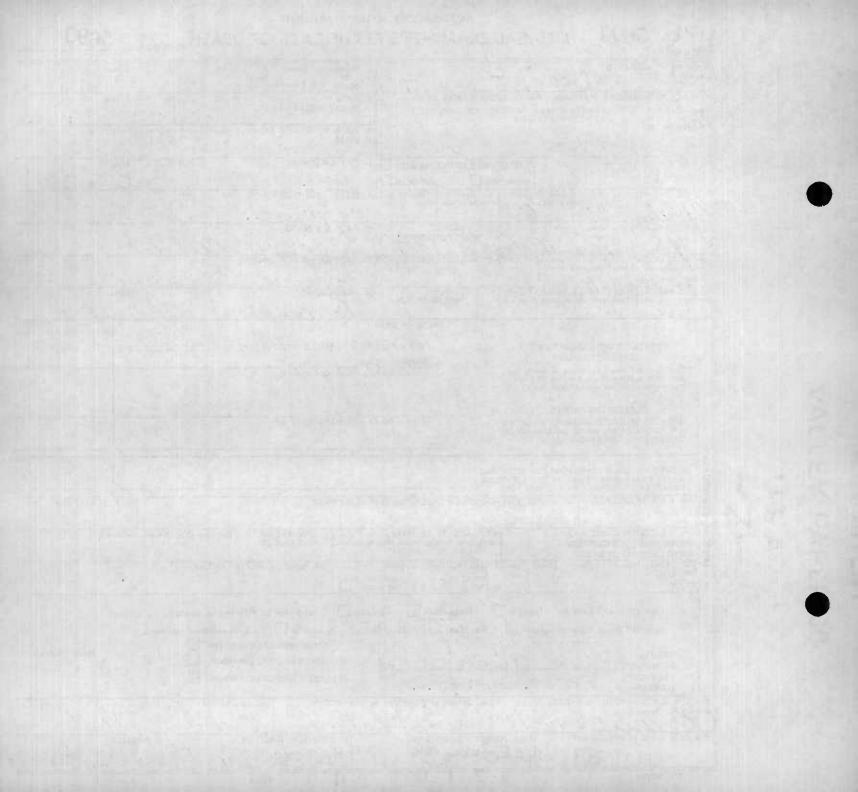


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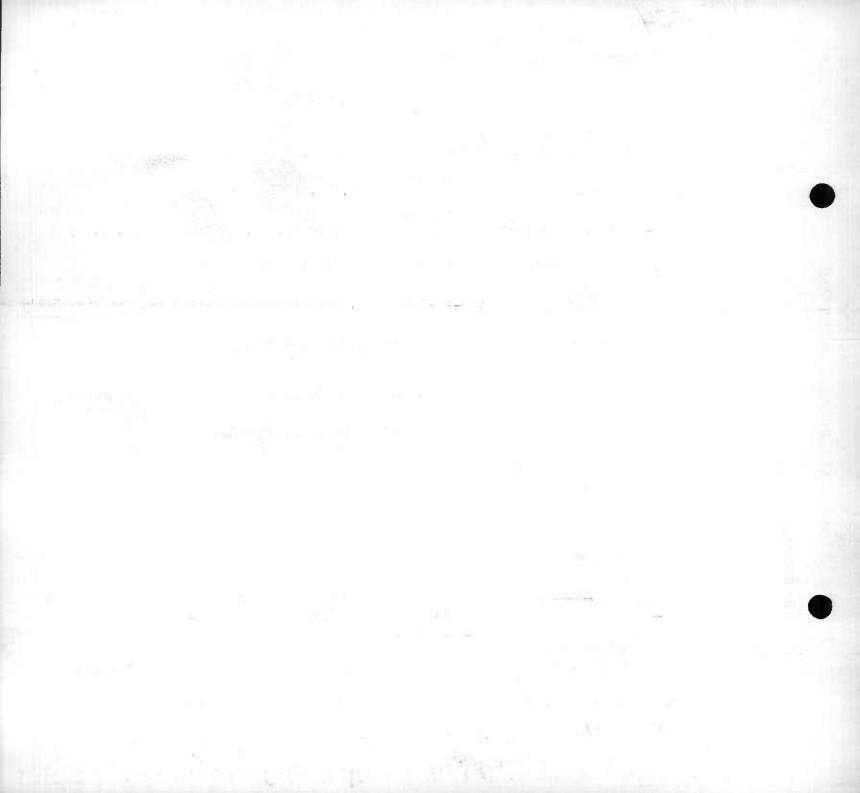


BALTIMORE CITY HEALTH DEPARTMENT

	71 5	690	MED	ICAI		MINER'S			-	DEAT	H 23	56	390
BII	RTH NO.										REG. NO.		
	NAME OF DE	DORA	(THOMA:	5) 7	Tha	MBSON	2. DATE OF DEATH		rn	Month	Doy	Yeor	Hour
4.	PLACE IN BA	LTIMORE, M	ARYLAND, Y	HERE P			3. DATE			Month	Doy	Year	Hour M.
FUI	L NAME OF	(IF N	OT IN HOSPITA	LORINS	TITUTION,	GIVE STREET	PRON	OUNCED	DEAD	June	10, 19	7 7	6 . 1. 6 D
OR	INSTITUTION	ADDI	RESS OR LOCA	IION			5. USUAL	RESIDEN	CE (Wher				6:46 P.M.
	_ /	RCY HOS	SPITAL			_	A. STATE		yland		B. COUNTY	10	02
6.	SEX	7. RACE		8. MARE	RIED IN	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE C	ITY LIMITS?	
]	Female	Neg	gro	WIDOV	VED 🗌	DIVORCED [Ва	lto.			Y	ES X	NO 🗆
9. 1	DATE OF BIRT	H	10. AGE (Ir		If Under	1 Yr. II Under 24 Hrs. Days , Hours , Min.	E. STREE	AND NU	JMBER				
1	brile	0/9/	0	61			810	McAle	er Ct				
17/	BIRTHPLACE (State or fore	ign country)		12. CITIZ		13. FATHI	R'S NAM	E	1	14		
1	AMA	4404	will	0/4	(U, U)	COUNTRYZ	East	1 Ar	MI	1 1/1	elisto	7	
14A	.USUAL OCCU	PATION (GI	ive kind of work	14B. KINE	OF BUS	INESS OR INDUSTR	Y 15. MOTI	TER'S MAI	DEN NA	ME			
	-//	rewer					Y	na n	110.	(0/1	nulla	11.	
16.	WAS DECEAS	ED EVER	LUS ARMED	FORCES	17.	SOCIAL	18. INFO	RMANT	A.		A	DDKESS	
(16:	, no of unknown	Illi yes, give	war or dales	of service)	SECURITY NO.	11/	mi	ala	7	11/1		6011-
	19.4	2 4				CAUSE OF DEA	TH LE	-11u	ano		un		PROXIMATE INTERVAL
	/ /								1.				VEEN ONSET AND DEATH
		LEADING T	DITION DIRECTOR	CITA				oric (cardi	ovascu	lar dise	lase	
	(This does n	ol meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE		QUENCE	OF:				
	heart loilure injury or cor	r, osthenia, ét mplication wh	c. II means the	diseose,		00210,01	A CON 5	- GOLITOE	J.,				
		NIECEDENI				(8) DUE TO, OR	46 4 60 N	FOULVIOR	~				
	RISE TO TH	E ABOVE CA	ONS, IF ANY	ING THE		DOE 10, OK	AS A CON	SEQUENCE	OF:				
2	UNDERLYII	NG CONDI	TION LAST.			(c)							
CERTIFICATION			11										
S	OTHER SIGN	ATH BUT NO	NDITIONS CO	ONTRIBU	ING								
뜬	DISEASE OF	CONDITION	GIVEN IN PA	RT I (A)									
ER	20A. DATE OF	F OPERATIO	N 208. CON	IDITION	FOR WHI	CH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or No)
7	0												no
EDICA	UNDERLYING	NAL CAUSE			22B. PLAC	CE OF INJURY (e.g., m, factory, street, office	in or obout e bldg., etc.)	22C, WHI	ERE DID	(If In Baltimor	e City, give exc	act location)	
	UTING CA	USE OF DE											
Σ	OF INJURY	(Month) (Doy) (Year) (Hou		NJURY OCCURRED		22F. HO	W DID IN	JURY OCCI	JR?		
	(APPROX.)				m. WHILE		WHILE	GW.					
	23.				-								
		ify that I I		nquiry L	_ In	panel .	top sy L	and t	thot on t	his basis,	death in my	apinian	
	resul	ted from: 1	Natural cau	ses X	Accid	dent Suicle	le 🔲 📗	domicide		Undetermli	ned monner [
	ACTUAL	1	1 1	011	/,	1		CHIEF M	EDICAL	EXAMINER			DATE SIGNIED
	SIGNAT		hed	1/10	el	M.[AS	SISTANT N	EDICAL	EXAMINER			DATE SIGNED
	EXAMIN NAME (1	ER'S T	Ronald	N. Ko	rnb1			OCIATE N	EDICAL I	EXAMINER		6/11	/71
24/	A. BURIAL CREE	//-/	24B. DATE			AME of CEMETERY	or CRFMA	TORY	240	LOCATION	(City town	n, or county)	(Stote)
	MOVAL (Speci		1-11	71	17	m	P	. 1	1	P	Saly, low	200	Joine
-	1)11	ual	016	11	100	well #	mil	is.	D	aur	w,	11	u -
25,	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF	REGISTRAR	25C	FUNERA	L DIRECT	OR	acts A	DDRESS	321 1.
	.1111	15 18	1/1 /66	SAUE E	' dark	en M.D.	6	elin	d e	Hura	el Horse	1/27	11/ certise
V/C	LEA DEN TIME	0				T (1	7				.7.7		



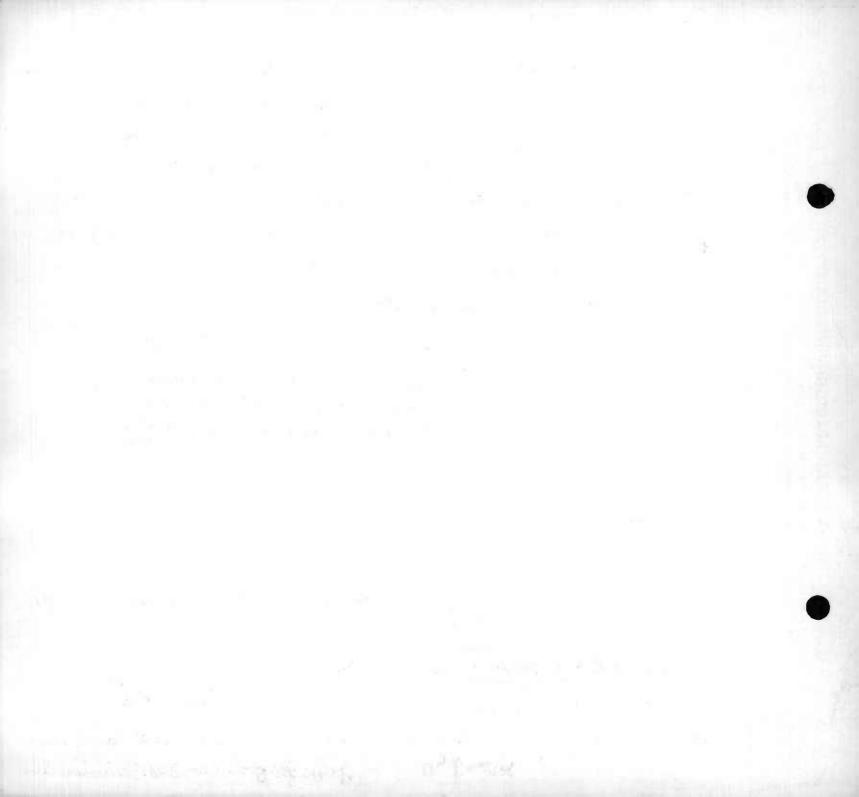
11-	B-534	71	569			HEALTH DEPAR		REG.,NO.	71	5691
	Pe or Print	Norman	R.	Bande	1	· · · · · · · · · · · · · · · · · · ·		AND HOUR OF DEAT	н	9,0,1
3.	PLACE IN BALTI	MORE MARYLANI	D, WHERE PRO	ONO UN CED DEAD		4. USUAL RESID	B. COL	nere deceased lived, II	institution	: lesidence before admission)
FH	JLL NAME OF OSPITAL OR	(IF NOT IN HO ADDRESS OR L	SPITAL OR IN	ISTITUTION, GIVE ST	REET	Mary 1	land N		ISIDE CITY	27/2 LIMITS?
	()() 1	06 West Ne	rthern	Parkway		Balti			YES [] NO []
	В	altimere,				E. STREET AND		orthern Par	kway	21215
	Male	White	WIDOV		CED 🗍	Feb. 28,	1892	9. AGE (in years lost birthdoy) 79	If Und Month	der 1 Yr. II Under 24 Hrs. S Doys Hours Min.
do:	LUSUAL OCCUP	ATION (Give kind of orking life, even if retir	work 10B, KIN	o of Business or I	NDUSTRY	11. BIRTHPLACE	Stole or lo	reign country)	12, CI	TIZEN OF WHAT COUNTRY?
R	etired -	Clething !				Baltim	ore, h	id.		U. S. A
13.	FATHER'S NAM	E				14. MOTHER'S M	AAIDEN NA	AME		
	Willi		artin	Bande	1	Merr	ie Bar	ndel (nee T	alen)	
15. (Ye	Was Deceased E s, no or unknown)	ver in U. S. Armed If yes, give war or Name	forces? doles of servi			17. INFORMANT				1 ADDRESS
-	18, //	9 1		213-10-7	6 U6 OF DEATH		elph b	Bandal Balti	mor,	Maryland 212/4
	DISEASE	OR CONDITION	DIRECTLY	CAUSE				Λ ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not	EADING TO DEA	of dving		DIATE CAU		5 00	lusin		30 hum
	heart foilure, as	sthenio, etc. (1 me icotian which cou	ans the dise	use,	O, OR AS A	CONSEQUENCE	OF:			
		TECEDENT CAU			A.	CVh	wine			(cylus
	DISEASES OR	CONDITIONS,	if any, giv	ring (B)	O, OR AS	A CONSEQUENCE	OF: A			/
	nise to the UNDERLYING	obove couse (CONDITION lost.	A) sloling	the (C)	04	1 hyscard	had to	faction		
z	071150 61 0111111	11								
CATIO	TO THE DEATH	ANT CONDITIONS BUT NOT RELATED T NDITION GIVEN IN	O THE TERMIN	AL	**************			***************************************		***************************************
ERTIFIC	19A. DATE OF O	PERATION 198 C	PERFORMED	OR WHICH OPERATION	ON	20A. AUTOPSY	? (Yes or N	O) 208 IF YES, WERI	FINDING AUSES OF	S CONSIDERED DEATH?
CALC	21A. A CCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYIN NO CAUSE OF edicol examiner)	6 <u> </u>	21& PLACE OF INJU- home, form, foctory, elc.)	RY (e.g., in street, olf	or obout 21 C. WH	ERE DID OCCUR?	(If In Boltim	ore City, gl	ve exect location)
MEDI	OF INJURY	Month) (Doy) (Ye	(Hous)	21E INJURY OCCUI			W DID IN	JURY OCCUR?		
	(APPROX.)			Work L	Not While At Work					
				d the deceased fr	om	Kuly		19 <u>G</u> U to	fine	19.7/_
		st sow the dece				19 70			Inlon de	oth occurred on the date
	and hour and f	rom the causes :	stated obave	• (1) (We) (did) (d	d not) vi	ew the bady aft	er death.			
	23A. SIGNATURE	ZP la	the 1		Alten Phys.		d.	Shaff		TE SIGNED
	23C. PHYSICIANS NAME (Type		1)	DEC	SKEEL	D. ADDRESS		Phys. L.J	1	13/1//
244		Coffay, J		NAME A CONTRACTOR	DEGREE			Paul Street		
	REMOVAL (Spe	cily)	/m -	NAME of CEMETER			,		City, town,	
254	Burial DATE REC'D BY	6/14		ruid Ridge	Ceme			esville, Ma		
	JUN 15	1971 (K.S.	A E. WA	OF PARTIES	1) 0			8728 Liber Sumeral Dire		
VS	150-REV. 1/1/68									2 (14.14)



This conficate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
-	•	4/1	*	- 70	*	

Q 051	.0	BALTIMORE CITY	HEALTH DEPARTMENT	V.	71 569%
D-250 71 569	12	CERTIFICA	TE OF DEATH	REG. NO	
I.NAME OF DECEASED			2. DATE AN	D HOUR OF DEAT	н
(Typo of Print) LCKing ho	m	Silas	6-	11-71	17:20 A M
3. PLACETN BALTIMORE MARYLAND, WHI	RE PRONQU	NCED DEAD	4. USUAL RESIDENCE (When	TY	institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATI	OR INSTITU	TION, GIVE STREET	Md. Bal	10,	530
HOSMTAL OR ADDRESS OR LOCATI	ON		C. CLTY OR TOWN	D. IN	ASIDE CITY LIMITS?
416			DCL 171 MC	rel	YES NO
Sinai H.	050	i tal	8311 Libe	erty R	d.
5. SEX 6. RACE 7.	MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In rears lost birthday)	Months Days Hours Min.
M	WIDOWED [DIVORCED [2-7-89	82	
10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if refired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	Edgew	od Arensal	? Maryland		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAA	AE	
	?		2 00	lama (Chini	low)
Tehn F Ruckingham 15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) [if yes, give war or dates	1	6 SOCIAL		lara (Ship)	ADDRESS
(Yes, no or unknown) (If yes, give war or dates	of service)	SECURITY NO.	1,13.	ern nargi	8311 Liberty Read
YES	1		medical	char	
18.492X1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	CTLY		5		
LEADING TO DEATH	vina aa	(A) IMMEDIATE CAU		sema	years
heart failure, asthenia, etc. It means th	e disease,	DUE TO, OR AS	A CONSEQUENCE OF:		U
injury or complication which caused d	eath.)				l l
ANTECEDENT CAUSES		(8)		***************************************	
DISEASES OR CONDITIONS, If an rise to the above cause (A) s		DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	lating the	(c)			
11					
O OTHER SIGNIFICANT CONDITIONS CONT					
TO THE DEATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART 1					
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I 17A DATE OF OPERATION 17R CONDI- WAS PERFO	TION FOR W	HICH OPERATION	20A. AUTOPST? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A ACCIDENT WAS INDERLYING	lo18	HACE OF INITIBY IS TO	n or obout 21 C. WHERE DID	lil in Rollin	nore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home	farm, factory, street, of	fice bidg. INJURY OCCUR?	ha tu ocum	HOLE CITY BIAR EXCEL INCOMM!
D 210-TIME (Month) (Day) (Year)	Houd 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		e At Not While	• 🗆		
	Worl		11000 9 , 1	71	100 1/2 197/
22. I certify that (1) (this hospital)		1 /			
that (1) (we) last saw the deceased	alive an	June 11,	19and the	at in (my) (quir) o	pinion death accurred on the dat
and hour and from the causes stated	above. (1)	(We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE					23B, DATE SIGNED
mancia Water	Drun	MY DECASE Phy	nding Med.	Stoff Phys.	6-11-71
23C. PAYSICIAN'S NAME (Type)	1) 1.19 DEUREE	23 D. ADDRESS		
Marcia Waterbury	MD	DEGREE	14.4.500	224	ich and its and
Marcia Waterbury. 24A. BURIAL CREMATION, 24R. DATE REMOVAL (Specify)		ME of CEMETERY of CR			(City, town, or county) (Stole)
BURIAL JUNE 14	-	ruid Ridge Co			ltimore Maryland
25A. DATE RECTA BY HEALTH APPL	SEPHAME O	ACRITAR	25C. FUNERAL DIRECTOR		ADDRESS
WW 15 1971 Com 9	Ages	0	Lering byers	O/ZO LIDE	erty Read 21133
VS 150-REV. 1/1/68		4.7			

	C 21 22	BALTIMORE CITY	HEALTH DEPARTMENT	16	4 = 000
	S-32271 5693 BIRTH NO. LINAME OF DECEASED	CERTIFICA	TE OF DEATH	REG. NO.	1 5693
	(Type or Print) Margaret G. St	okes		D HOUR OF DEATH	745
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD		e deceased lived. Il insti	lution: residence belare admission)
	FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET		aynor A	Ve /402
	g Century Home		E. STREET AND NUMBER	e	VES NO
90.	7 aor N. Paca St	Security of	1701 Mad	ison ave	_
is mad	WIDOWED X		8. DATE OF BIRTH	ast birthday 87	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
n	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF Budone during most of working life, even if retired)	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	0 1	12. CITIZEN OF WHAT COUNTRY?
Ě	Teacher & Seamstress			, md	USA
disposition	Charles N. Hiles	2	14. MOTHER'S MAIDEN NAM	Priggs	
final	(Tes, no or unknown) (If yes, give wor or dotes of service)	6, SOCIAL SECURITY NO. 3	17. INFORMANT		A DDRESS
or f	18.	CAUSE OF DEATH		1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cara	Lis Respeció	a Jacken	PETWEEN ONSET AND DEATH
mbalmed	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	SE A CONSEQUENCE OF:)	********
pg	heart laiture, asthenio, etc. It means the disease, injury or complication which caused death.)	CA C	CONSEQUENCE OF:	anciens	2
0	ANTECEDENT CAUSES	in Cene	ali some	Lastair	
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the	DUP TO, OR AS	A CONSEQUENCE OF:	0 1///	
	UNDERLYING CONDITION lost	(c) Ouse	undusta	i CVH	<u> </u>
remains	z				
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
9	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHI	CH OPERATION	20A-AUTOPSY? (Yes or No)		DINGS CONSIDERED
5				IN CERTIFYING CAUSE	S OF DEATH?
btained before the	OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY le.g., In form, foctory, street, olf	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(il In Boltimore C	ity, give exoct locollon)
Ded Ded	3 OF INJURY	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Ē	Work	At Work			
0	22. I certify that (i) (this haspital) attended the		1 0'1	70 to Jun	, .
å	that (i) (we) last saw the deceased alive on	110	19 7' and the	t in (my) (our) opinio	n death occurred on the date
must	and haur and fram the causes stated above. (1) (V	re) (did) (did not) vi	ew the bady after death.	lo 2	B. DATE SIGNED
E	Cerebral Sup	Atten	ding Med. Director D	toff	E DATE STORED
2	23C. PHYSICIAN'S NAME, IType)		D. ADDRESS	hys. —	11
approval	Willow D Apple FEL	DEGREE	66N-Ney	ustom	Re Comment
	24A. BURIAL CREMATION, 24B. DATE 24C. NAMI	E of CEMETERY OF CREA	AATORY 24D. LO	CATION (City,	lown, or county) (Stole)
9	Bureal 6-17-11 arte	In Men.	Park Bul	ritur, Bal	to. Co, Inde
Written	25A. DATE REC'D BY HEALTH DEBT. 25B. NAME OF R	EGISTAR	25C. FUNERAL DIRECTOR	Lus me. 211	SI Pairview are
	VS 150-REV. 1/1/6B		1 Jour mil	1390	1 /acorec we



A 1111	71 569	94	BALTIMORE CITY	HEALTH DEPARTMENT		71 5694
BIRTH NO.	2 1 000	72	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DE	Harriet (Ho	attie) V.	Alford		AND HOUR OF DEATH	5 30 p.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. If in	nstitution: residence before dimission
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET	Maryland		841
NOITUTITZNI				Baltimore	D. INS	IDE CITY LIMITS?
00		3223	Lyndale Ave.	E. STREET AND NUMBER	R	YES NO
				3223 Lybdale		3
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	100000
Fem.	White	WIDOWED	DIVORCED	4/30/96	last Highday)	Manths Doys Hours Min.
done during most o	CUPATION (Givs kind of work f working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or		12. CITIZEN OF WHAT COUNTRY
Housew		Home	9	Fork, Maryland	d l	U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME	
John Hov	ward Cornthwalt	te		Davis		
5. Wes Decease	d Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No.	m yes, give wat at unie	s di selvicer	220 -14 -9 154	Mr. Wm. S.	Alford, Jr. 21	12 Lake Ave.
18.	30,31		CAUSE OF DEATH	(1 /	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		David	Il who a	BETWEEN ONSET AND DEATH
(This door	LEADING TO DEATH	dutas as	(A) IMMEDIATE CAU		removem	ge 30 univalor
heart failure	nat mean the made of , asthenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	eaplasur or	(Color 2-3 acoust
injury ar co.	mplicalian which caused	death.)	11	. 1	0/1.11	
	ANTECEDENT CAUSES		(B) 14472	erceusive t	ordia lase	815. 2/2 grs.
nise to the	OR CONDITIONS, if a cabave cause (A)	any, giving	DUE TO JOR AS	A CONSEQUENCE OF:	- 4 4 0	
UNDERLYIN	G CONDITION last.	siding in	(c) Arter	coselerotie	Cardio Cerebi	10 - 21/2 yrs.
	11			- 1	meular &	22.
OTHER SIGNI	FICANT CONDITIONS COL	NTRIBUTING	Cours	stive Reas	t hartices	2-445
DISEASE OR	F OPERATION 198 CON	T 1 (A).		100	1	
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	WAS PERF	FORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTRIB	NT WAS UNDERLYING		PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(It In Baltimar	re City, give exoct location)
DEATH Inotif	y medicot examined	elc.)	of tentile toology among en	inter blags, it took i occok.		
DEATH Inotif	(Manthl (Day) (Yearl		INJURY OCCURRED	21F. HOW DID t	NJURY OCCUR?	
(APPROX.)		Whi	e At D Not While			
22. I certify	that (I) (This hospital			9/13	10 68 4	2/12 197/
1	iast saw the decease		/ / /	19 71 and		nian death accurred an the date
				ew the bady after deat		man death accorred an the date
23A. SIGNAT	URE // //	ed dbdves (I)	(diffe) (and not) A	lew the bady after deat	n.	23B, DATE SIGNED
10	Tout - Hors	selfer	Dh.m	Med.	Shaff Phys.	6/14/71
PHYSICIANAME (AN'S Typel HHIRSE	HEF	M.D.	6919 Hours	BY ARORA	Baltinate W
4A. BURIAL CRI	(Speciful		ME of CEMETERY OF CRE		LOCATION (Ci	ly, lawn, or countyl (State)
Burial	0/10//	I FORK	Methodist Chu	irch Cem. X	XXX Fork, Ma	ryland
JUN 15	1971 Page 8	25B-NAME O	F REGISTRAR	2SC, FUNERAL DIRECT	annino, 263 S.	Conkling St.
/S 150-REV. 1/1/	/68	7-71	- U	11-24-60 . 40 5	200 3.	

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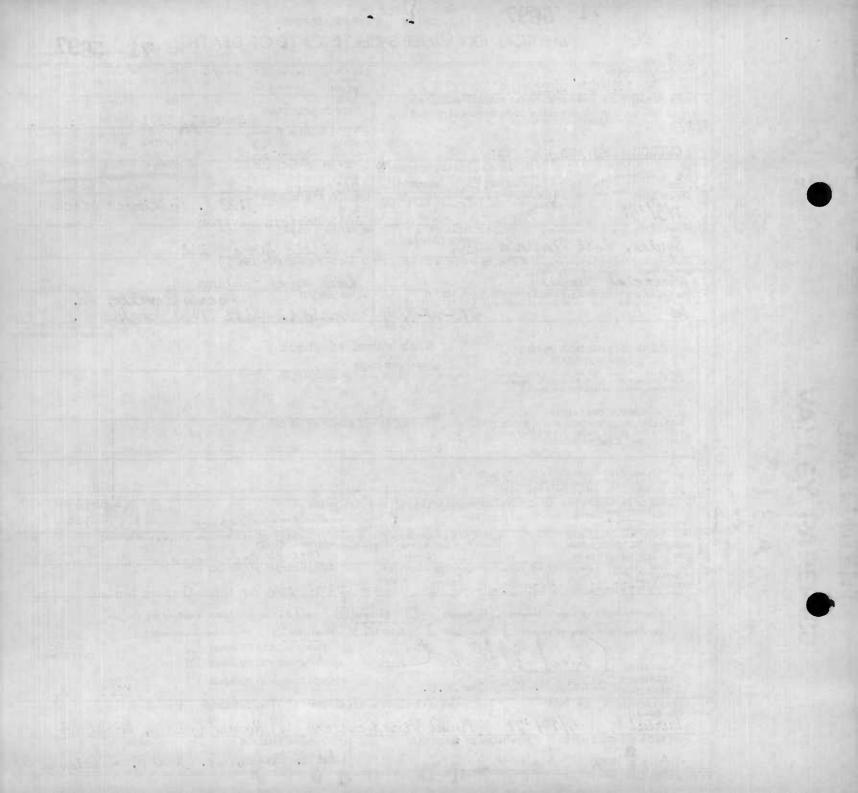
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	written approval must be obtained before the remains are embalmed or final disposition is made.
1	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
	This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and

W-320			1-1	5695
	CERTIFICA	TE OF DEATH	REG. NO.	3533
1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)			1	1 1
3. PLACE DE BALTIMORE, MARYLAND, WHERE PRI	7.S	4. USUAL RESIDENCE When	200 8 1971	1.50 A. M.
S. FLACE OF BALLIMORE, MARILAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN		A A
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND		27/7
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. INSIDE C	SITY LIMITS?
		BAILIMORE	YES	NO NO
1 Kalgewood Muring	Hones	E. STREET AND NUMBER	- /	
Jugan		3307 Wes	+ Indoor	s Aug
5. SEX 6. RACE 7. AAADI	RIED NEVER MARRIED		9. AGE (In years If	Under 1 Yr., If Under 24 Hrs.
AA MAK	7 =		ost birthdoy) Mo	nths Doys Hours Min.
WIDO		Ct: 223/87/	40	
0A. USUAL OCCUPATION (Give kind of work 10B. KIN lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country) [2.	CITIZEN OF WHAT COUNTRY
HOUSEM AN	Sec(Manulano		11.5.12.
3. FATHER'S NAME	Y	14. MOTHER'S MAIDEN NAM	A E	/
1/1	11	C	11	4
IVA CMANIE!	Walls	SALLY	Haw	
S. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Nro -	222-07-8274	Rachael R	1.1071	201 Pl B.
18.	CAUSE OF DEATH	1 METHEL 19	WATER 33	APPROXIMATE HITERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		12.1	. / '	-
(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	see-	12/
heart failure, asthenia, etc. It means the dise	ease, Make	des vasenes	N ducesee	
injury or camplication which caused death,)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	· · · · · · ·	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
	(0/			
Z OTHER SIGNISISANT CONDITIONS CONTRIBUTION	NC			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
TO THE DEATH BUT NOT RELATED TO THE TERMIT	NAL			
☐ TO THE DEATH BUT NOT RELATED TO THE TERM!! ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A AUTORSY2 (Yes or No.)	208 IE VES WERE EINDI	NGS CONSIDERED
☐ TO THE DEATH BUT NOT RELATED TO THE TERM!! ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
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OR CONTRIBUTING AUSE OF	OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID		NGS CONSIDERED OF DEATH?
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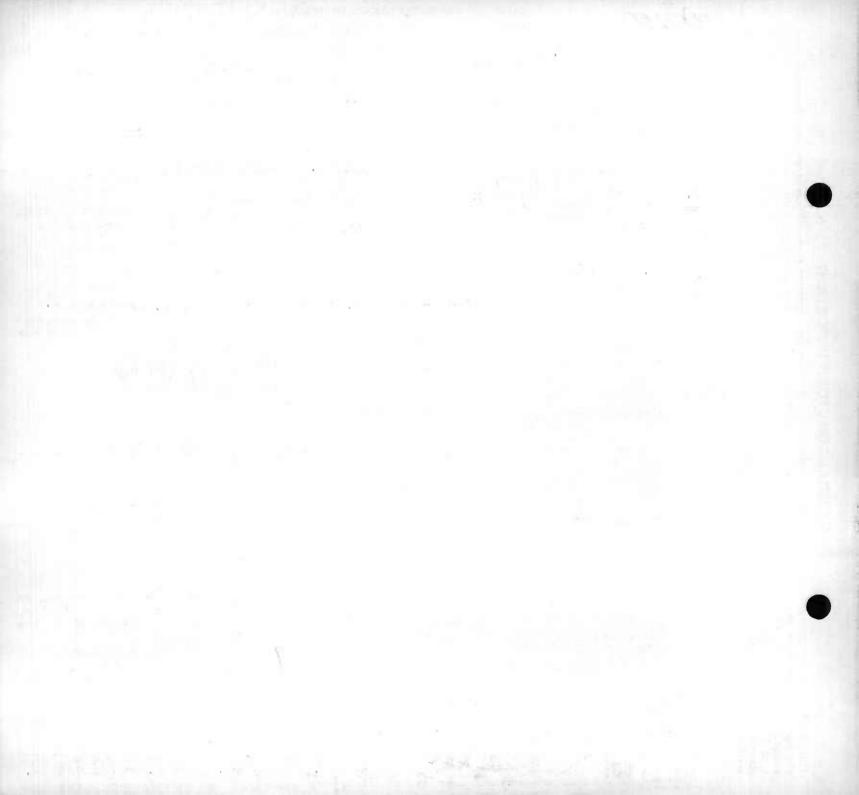
H-50071 5695 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEG NOTE TODO								
H	-500	MEDICA	L EXAMINER'S	CERTIFICATE OF DEA	ATH	1.4	000	
BIRTH					REG. NO.	1 5	690	
	ME OF DECEASED			2. DATE Known Month	Doy	Yeor	Hour	
	Kona	ld E. Hamm		DEATH Estimated 6	6	71	8:51 P.M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		3. DATE Manth	Day	Year	Haur			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		6	6	71	8:51 Pm.			
3		v of Marvla	and Hospital	5. USUAL RESIDENCE (Where decease A. STATE Md.	B. COUNTY	residence be: Ceci	- 1- 40 0 1	
6. SEX			RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT		13/00	
M	1		WED DIVORCED	Port Deposit			XXo	
	TE OF BIRTH	10. AGE (In years	If Under 1 Yr. ff Under 24 Hrs.	E. STREET AND NUMBER	TE	2 - N	<u> </u>	
	5-25-54	lost birthdoy)	Months Days , Haurs Min.	R.D. #1, Box 52	A			
11. BII	RTHPLACE (State or fore		12. CITIZEN OF	13. FATHER'S NAME				
	Maryland		WHAT COUNTRY? U.S.A.	Billy Hamm				
	SUAL OCCUPATION (G			Y 15. MOTHER'S MAIDEN NAME				
done d	uring most of warking life, a Student	even if retired)		Joann West				
	AS DECEASED EVER IN			IB. INFORMANT	AD	DRESS		
(Yes, n	a ar unknawn) (If yes, give	war ar dates at servic	e) SECURITY NO.	Father	Port De	enosit	Md	
19	E 0/0	1	CAUSE OF DEA		TOLE DO	APPR	OXIMATE INTERVAL	
	DISEASE OR CON	IDITION DIRECTLY				BETWEE	N ONSET AND DEATH	
	LEADING 1		(A)IMMEDIATE	CAUSE Blunt head	injury, se	evere		
	(This does not mean th heart foilure, asthenio, e	e mode of dying, e.g.,	DIJE TO OR	AS A CONSEQUENCE OF:				
	injury ar camplication w	hich caused death.)		left subdural hemat	oma			
	ANTECEDEN	T CAUSES	(B)					
	DISEASES OR CONDIT	TIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:			ton ton one can be already standar for can device standar forman circum atricia a	
7	UNDERLYING COND	ITION LAST.	(c)					
흔는		11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
CERTIFICATION	OTHER SIGNIFICANT CO	ONDITIONS CONTRIBL	JTING MINAL					
뜬	DISEASE OR CONDITIO	N GIVEN IN PART 1 (A).					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA						SY? (Yes ar No)		
1	June 1, 19	, -	t subdural hemat	Inquity			uiry	
<u>S</u> 22 U	A. EXTERNAL CAUS NDERLYING KNOR CO		hame, farm, foctory, street, office	in ar about 22C. WHERE DID (If in Bolt to bidg., etc.) INJURY OCCUR?	imare City, give exa	ct lacation)	530	
유 u	uting □ cause of DEATH. street /-) Rte. 40 & Jackson Sta. Rd.							
0	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
23	(APPROX.) 5 31 71 30P m. WHILE AT WORK XX passenger, auto-auto collison							
23		held on Inquiry	Inspection A	utonsy and that on this has	is death in my	oninion		
	I certify that I held on Inquiry ♣️ Inspection							
	resulted from: Noturol couses Accident Suicide Homicide Undetermined monner							
	ACTUAL RANGE ASSISTANT MEDICAL EXAMINER DATE SIGNED							
	SIGNATURE	V unell	1 Juney M.	J.				
	EXAMINER'S NAME (Type)	Russell S	. Fisher, M.D.	ASSOCIATE MEDICAL EXAMIN	EK 🗀		6/8/71	
	BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATI	ON (City, town	, or caunty)	(Stole)	
KLINIC/	(Specify)	6/9/1971	1 Hornolo All 6	· Shilling Il the	10 huella	Klas 6	nd Mil	
25A.	25A. DATE REC'D BY HEALTH DEPON (25B NAME OF A BOIST RAR) (25C. FUNERAL DIRECTOR)							
	JUNIO 13/18 COM 10 10 10 10 10 10 10 10 10 10 10 10 10							
VS 20 97V 1/3 / 49				Melf. /4/1/ela	m 792/	Ellyo	The Ille	
V 5 15	1-REV. 1/1/6B	0 000	. ~ ! •	9 5 1/0			L	



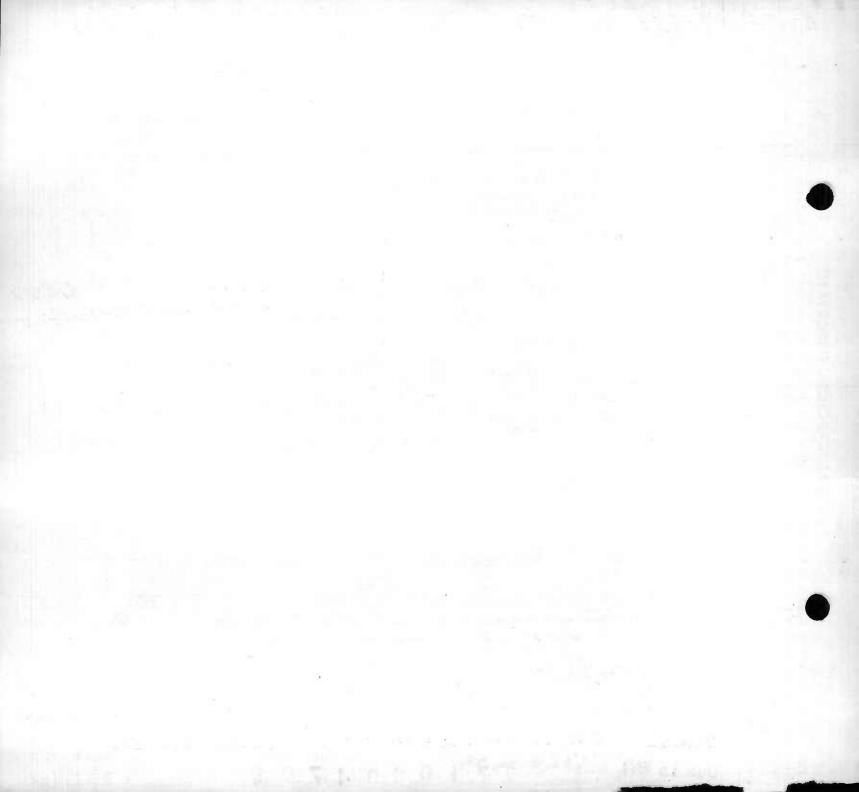
deceased prior to written approval shows: SDM

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS YESY NO If Under 1 Ys. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA Elizabeth Hayman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct locotion) and that In (my) (our) apinian deoth accurred on the date 23 B. DATE SIGNED (City, town, or county)



B-624 71 56	343	THEALTH DEPARTMENT XTE OF DEATH	71 5699	
BIRTH NO.	CERTIFICA	TE OF DEATH	0,00	
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н	
BKNSHWIL	LER, MRS. BEUCAH	M. 6/11/921	6.05 P.M	
3. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If	institution: residence before admission)	
FULL NAME OF HE NOT IN HOSPI	AL OR INSTITUTION, GIVE STREET	MARYLAND, BALTH	100 - 500	
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC	ATION)			
CHURCH HOHE & HOSPITAL		Cal Vision 2 Ca		
2/	- HOSPITAL	E. STREET AND NUMBER	YES 🛛 NO 🗌	
55		711 FT STREET		
5. SEX 6. RACE	17			
FEMALE WHITE	WIDOWED DIVORCED	8. DATE OF BIRTH 9/20 / 1886 9. AGE (In years lost birthday) 8.4	If Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY	
done during most of working life, even if refired)	4. 16.2. 1 10.2	The state of the s		
HOME MAKER		MARYCAND.	NSA.	
		14. MOTHER'S MAIDEN NAME		
JOHD M. DISH	EY	MARY MILLER		
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor ar date	ces? 16. SOCIAL	17. INFORMANT MARS PAUL	ADDRESS A 140 A	
les, no or unknown) lit yes, give wor at dole				
	911 18 9640		41 BURUMANORS	
18.	CAUSE OF DEATH	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DI	RECTLY		BETWEEN ONSET AND DEATH	
LEADING TO DEATH	(A)IMMEDIATE CAU	SE-A·SICIUID AB	YEARS.	
(This does not mean the mode of heart failure, asthenia, etc. It means	the disease. DUE TO, OR AS /	A CONSEQUENCE OF:		
injury or complication which coused	death,)			
ANTECEDENT CAUSES	PNE	HUANIAS	IWEEK	
DISEASES OR CONDITIONS, II	any, giving (B) TO OR AS	A CONSEQUENCE OF:	1 40 6 6 7	
rise to the obove cause (A)	stating the	_ P = -		
UNDERLYING CONDITION lost.	(c) x x	- 4 E C	SMABER	
- II				
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING PT	T. RFG.	0.0000000	
▼ IDISEASE OR CONDITION GIVEN IN PAR	T I (A).	LA LA	SMEEKS	
19A-DATE OF OPERATION 19B CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED	
	-	IN CERTIFIER CA	AUSES OF DEATH?	
OR CONTRIBUTION TO A COMP	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21C, WHERE DID (If In Boltimo	ore City, give exoct location)	
DEATH (notify medical examine)	etc.)	ice bidge index! Occour		
O 21 D. TIME (Month) (Dov) (Year)	(Hour 21 E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
E OF INJURY (APPROX.)	While At Not While			
	Work L At Work			
22. I certify that (1) (this hospital	attended the deceased from 5	19 21 10 G	11 19-21	
that Ok(we) last sow the decease	d olive on 6/11		Inlan death accurred on the date	
and hour and from the couses stat	ed above. (# (We) (did) (did vi	lauraba bada afara da af	The date	
23A. SIGNATURE	The state of the s	ew the bady after death.		
11/2	Atter	nding Med. Staff 157	23B. DATE SIGNED	
N Car Um	Phys.	Director L Phys. K	16/11/21	
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	HO2P.	
NIZAR UM	RAN MIN	BALTO MA	7.000	
4A. BURIAL CREMATION, 24B. DATE	DEGREE		ity, town, or county) (Stote)	
BURIAL 6/15/2	1 CORMINE CEM	LETERY BALTO CO.	MD	
IN 15 W	AND ME OPER GISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
OOH TO IN .	7	Ollerin Flores Home 45	10 Belain Kd	



IMPORTANT

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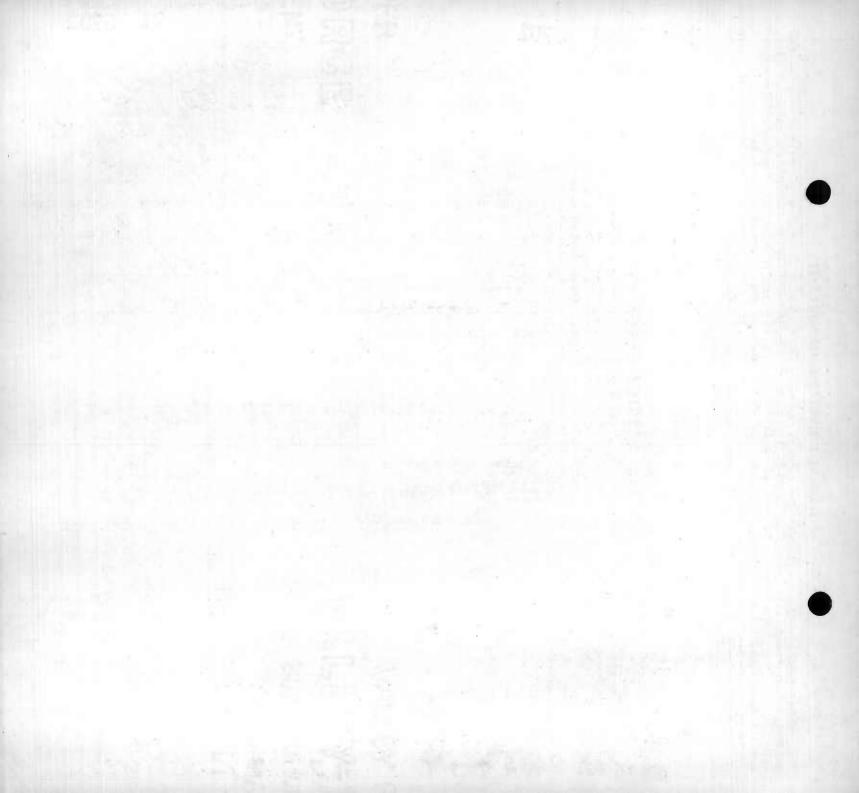
All to the factor of the facto

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



25C. FUNERAL DIRECTOR

ADDRESS

Wm C March 928 E. North Ave.

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

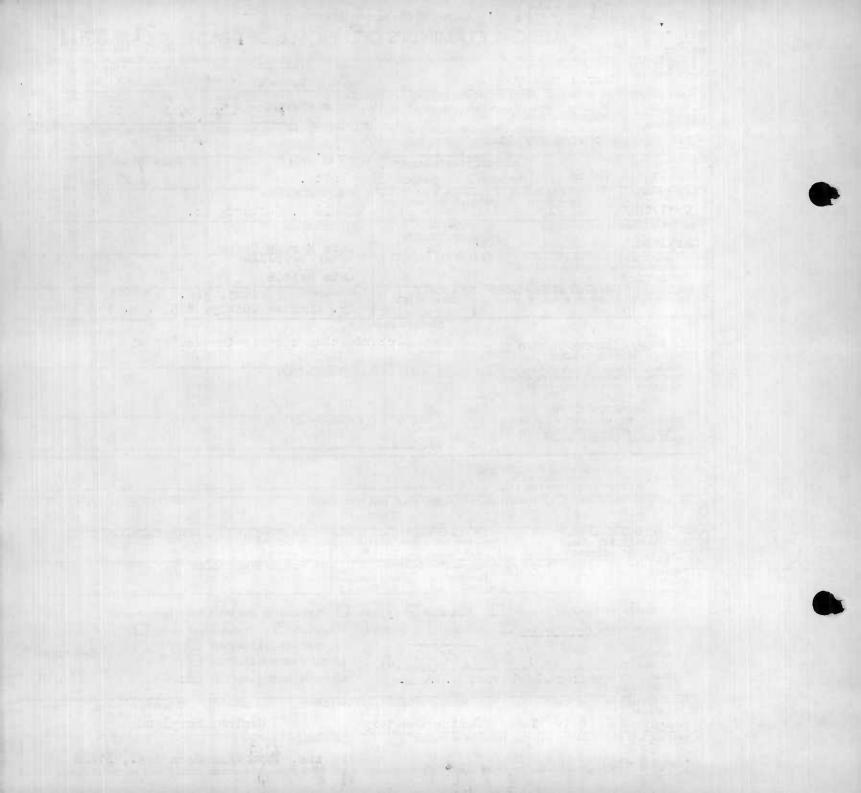
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4-620	71	5703		BALTIMORE CITY HEA				74	p p-s	.00
H-OXC		MED	ICAL	EXAMINER'S C	CERTIFI	CATE O	F DEAT	H REG NO.	21	03
BIRTH NO.										
1. NAME OF DEC		LFRED J	. HAF	RRIS, JR.	2. DATE OF DEATH	Known Estimated	Month]	Doy	Yеог	Hour
4. PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Manth	Day	Year	Hour
FULL NAME OF	(IF N	OT IN HOSPITA	L OR INSTI	TUTION, GIVE STREET	PRONO	JNCED DEAD	June	13,	1971	1:22 A.
OR INSTITUTION		Chaples		ane	5. USUAL R A. STATE	ESIDENCE (Whe		ed. If institution B. COUNTY	residence	before odmission)
6. SEX	7. RACE			ED NEVER MARRIED	C. CITY OF			D. INSIDE CI	TY LIMITS?	
M - 1										
Male 9. DATE OF BIRT		lite	WIDOW	ED DIVORCED If Under 1 Yr. If Under 24 Hrs.	E CIBEET	Baltimo AND NUMBER	re	Y	ES X	ио Ц
7. DATE OF BIKT	n	lost birthdo	y)	Manths Doys Hours Min.	E. SIKEEI	AIND INOMBER				
Dec.28,1	925	45				517 N.	Chaplega	ate Lane	e	
11. BIRTHPLACE (S	State or fore	ign country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME				
Marvlan	d			USA	Alfre	d J. Har	ris.Sr.			
14A.USUAL OCCU	PATION (G	ive kind af wark	14B. KIND	USA OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N.	AME			
done during most of v		en if refired)			Holor	Berling	0.79			
Manager 16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL	1B. INFOR		e1.	ΔΙ	DDRESS	
(Yes, no or unknown	(If yes, give	wor or dotes	of service)	SECURITY NO.			••	Edge	ewater	Md. 210
Yes	WW	II		216-28-7635 CAUSE OF DEAT		r. Carl B	. Harris	Rte #.		311 F
RISE TO THE UNDERLYIN	E ABOVE C NG CONDI	TIONS, IF ANY AUSE (A) STATITION LAST. II ONDITIONS CO	ONTRIBUTE	(C)	***************************************	ACCOUNTS OF THE PROPERTY OF TH	The way of the first state of the state of t			947 444 6440 F98 a g mmm 144
DISEASE OR		OT RELATED TO N GIVEN IN PA		NAL						
DISEASE OR	F OPERATIO	ON 20B. CON	NOITION	OR WHICH OPERATION WA	AS PERFORM	NED		FR	21. AUTO	Yes or No)
UNDERLYING UTING CA 22D. TIME	USE OF DE	NTRIB- ATH.) 5 (Hay)	22B. PLACE OF INJURY(e.g., nome, form, foctory, street, office Home P 22E. INJURY OCCURRED WHILE AT NOT NOT NOT WORK	e bldg., etc.)	22C. WHERE DIE NJURY OCCUR? Basement 22F. HOWDID I Hanged	- 517 N	. Chapl		285
	tify that I		nquiry [Inspection Au	topsy X	ond that on	this basis,	death in my		
ACTUAL SIGNAT	0	harl	&J.	pringalino	_	CHIEF MEDICAL STANT MEDICA	L EXAMINER	<u> </u>		DATE SIGNED
EXAMIN NAME (s S.	Springate, M.D.		CIATE MEDICA			ne 13,	
24A. BURIAL CRE REMOVAL (Speci	ify)	24B. DATE		24C. NAME of CEMETERY			D. LOCATION		n, ar county) (Slote)
Cremation		6/15/7.		Loudon Park C			Baltimor	-		1228
JUN 1 VS 151-REV. 1/1/61	6 1971	Passel Passel		AME OF REGISTRAR		zke, Inc.			n Av.,	Balto., Md

estantenest Autorities CONTRACTOR OF THE STATE OF THE The state of the second ALLES OF THE PROPERTY OF THE P

	Commis Ossis	1		2. DATE OF	Known XX	Month	2°y	Year 71	Hour
A DI ACE IN DI	Carrie Qui		NOUNCED DE LA	DEATH	Estimoted	June			3:58 p
FULL NAME OF		AL OR INSTITU	TION, GIVE STREET		NCED DEAD	June	13	71	3:58 p.
4 6	Lutheran H	ospital		5. USUAL RES	SIDENCE (Where	deceased liv	ed. If Institution	n: residence be	lore odmission)
6. SEX	7. RACE	B. MARRIEL	NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE C	ITY LIMITS?	1081
female	White	WIDOWEL	DIVORCED [Balt	0.		Y	ES E N	00
9. DATE OF BIR 7/11/1	897 Tost birthde		Under 1 Yr. Il Under 24 Hrs. onths Days Hours Min.	E. STREET AT	W. Mulbe	erry St			
Marylan	(State or lareign country)	12.	CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S	NAME Marion De	ane			
4A-USUAL OCC	UPATION (Give kind of work	148. KIND O	F BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM	AE			
nousew	116			Late	Nettie				
6. WAS DECEA Yes, no or unknow	SED EVER IN U.S. ARME (Il yes, give wor or doles	ol service)	17. SOCIAL SECURITY NO.	Mr. C	harles Qu	ami, Flaimby,	a. Al 835 N.	W. 168	Drive
19.			CAUSE OF DEA					APPR	OXIMATE INTERVAL
LINDERLY	OR CONDITIONS, IF AN HE ABOVE CAUSE (A) STA ING CONDITION LAST. II WIFFICANT CONDITIONS C EATH BUT NOT RELATED TO	ONTRIBUTIN	(c)	AS A CONSEQU	JENCE OF:				
DISEASE O	R CONDITION GIVEN IN P								
		NDMON FO	R WHICH OPERATION WA					1	10 (Yes or No)
22A. EXTE UNDERLYIN UTING C 22D. TIME OF INJURY (APPROX.)		NDMON FO	.PLACE OF INJURY(e.g., ne, form, factory, street, office 22E.INJURY OCCURRED	In or obout 220 bldg., etc.) INJ 22F	WHERE DID (pour operation		1	
DISEASE OF 20A. DATE OF 22A. EXTE UNDERLYIN OF 10 22D. TIME OF INJURY (APPROX.) 23. Î cer	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yea rtify that I held an I Ited from: Natural cau L TURE	r) (Hour) m.	PLACE OF INJURY (e.g., ne, form, foctory, street, office 22E.INJURY OCCURRED. WHILE AT WORK AT W Accident Suicid	In or obout 220 in bidg., etc.) INJ WHILE ORK	WHERE DID (URY OCCUR?	URY OCCUI	?	opinion	



RE CITY HEALTH DEPARTMENT
FICATE OF DEATH REG. NO. 71 5705
2. DATE AND HOUR OF DEATH
JUNE 12 1971 1:20PM M. 4. USUAL RESIDENCE [Where deceosed lived, If institution: residence before admission]
a. COUNT
C. CITY OR TOWN D. INSIDE CITY LIMITS?
JESSUP YES NO X
E. STREET AND NUMBER
8143 WASHINGTON BLVD 20794 ED 8. DATE OF BIRTH 9. AGE (in years 11 Under 24 His.
ED 08/09/14 last birthody Months Doys Hours Min.
DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
VIRGINIA USA
14. MOTHER'S MAIDEN NAME
MINNIE (CAMERON)
17. INFORMANT ADDRESS
256 ST AGNES HOSPITAL BALTO MD 21229
DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
Marita Muses de 111
ATE CAUSE / TOUCE MY CHILLICAL 4 WOULD
pepapetion
Rougry artheriosclesion inclifut
OR AS A CONSEQUENCE OF:
940-uda-6068-uu-1000-uu-1000-uu-100-
2000-000-000-000-000-000-000-000-000-00
N 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
IL3
Y (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) injury OCCUR?
ED 21E HOW DID INTURY OCCUR
of While
n 06/12/71 19 ta 06/12/71 19
A STATE OF THE PARTY OF THE PAR
19and that in (My) (aur) apinian death occurred an the date
(Ref) View the body after death. 238, DATE SIGNED
Attending Med. Staff X
EE Phys. Director Phys.
23D. ADDRESS
ST AGNES HOSPITAL - WILKENS & CATON AV
ST AGNES HOSPITAL - WILKENS & CATON AV OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Competency Wash Bland & Donney Rd
ST AGNES HOSPITAL - WILKENS & CATON AV

The state of the s

10710

(10)	BALTIMORE CITY	HEALTH DEPARTMENT	74 500
BIRTH NO.	5703 CERTIFICA	TE OF DEATH REG. NO.	71 5703
1. NAME OF DECEASED (Type or Print) Hobart	S. Cross	2. DATE AND HOUR OF DEATH	21 1 25 0 1
INSTITUTION ADDRESS OF LOCA	E AMENDED AL OR INSTITUTION, GIVE STREET	A. STATE Md C. CITY OR TOWN Baltimore E. STREET AND NUMBER 5060 Carmine Avenue	side City Limits?
5. SEX Male 6. RACE white	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years 7	Il Under 1 Yr. Il Under 24 Hrs. Months; Days Hours Min.
	WIDOWED DIVORCED	2/13/271017 54	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even il refired) Cab Driver	Sun Cab Co.	11. BIRTHPLACE (Stote or loreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Late Howard Marshal	l Cross	Late Isabelle	
15. Was Deceased Ever in U. S. Armed Fore	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no of unknown) liff yes, give wer or doloryes	-10/45, 213-03-0755	Mrs. Frances J. Cross, 5	
LEADING TO DEATH IThis does not meen the mode of heart loiture, astherio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it caused to the obove cause IA) UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19R CONTO WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING.	the discose, deoth.) Due to, or as to the discose, deoth.) Due to, or as to the decomposition of the decomposition for which operation	LA CONSEQUENCE OF: LEGICAL BLOW A CONSEQUENCE OF: L'S DISSIPLE 20A. AUTOPSY? IYES OF MOD 2008, IF YES, WERE IN CERTIFYING CA	Sholen 48 h
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., in home, form, foctory, street, ell etc.)	or obout 21 C. WHERE DID (II in Boltimor	re City, give exact location)
21D-TIME (Month) (Doy) (Yeor) OF INJURY IAPPROX.)	Heve 215 INJURY OCCURRED While AI Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. 1 certify that (!) (this hospital)		192/10	17 19.)
that (1) (we) last saw the deceased		19and that In(my) (ap)	nion death occurred on the date
and hour and from the causes state	ed abave. (1) (Wat.(did) (didact) vi	ew the body ofter death.	23B, DATE SIGNED
Cly Cour	DEGREE Phys.	Med. Staff Phys.	6/15/71
23C. PHYSICIAN'S NAME (Type) Dr. Clif:		3D. ADDRESS 4605 Edmondson Avenue	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE		ly fown or county)
Burial 6/17/71		Manni otterilla	ly, town, or county) (Stote)
	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Witzke, 1630 Edmondson	ADDRESS
VS 150-REV. 1/1/68			7

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and the same

H-22071 570	7 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	71 5707
1. NAME OF DECEASED (Type or Print) HUC	HES, STANLEY	JUNE 12, 197	11:45P
ST A GNES HOSE WILKENS & CAT BALTIMORE MARYLAND, WI FULL TAKEN AND THE MOST ADDRESS OR LOCA WILKENS & CAT BALTIMORE MARYLAND, WI AND THE MOST ADDRESS OR LOCA BALTIMORE MARYLAND, WI FULL TAKEN AND THE MARYLAND, WI BALTIMORE MARYLAND, WI FULL TAKEN AND THE MARYLAND, WI BALTIMORE MARYLAND, WI FULL TAKEN AND THE MARYLAND, WI AND THE MARYLAND, WI BALTIMORE MARYLAND, WI THE MOST AND THE MOST AND THE MARYLAND, WI THE MOST AND THE MOST AND THE MOST AND THE MARYLAND, WI THE MOST AND T	COR INSTITUTION, GIVE STREET OTTAL 6-24-71	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY MD . HOWARD	
5. SEX 6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MALE WHITE	WIDOWED DIVORCED	02 25 18 lost birthdoy 53	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) PRESIDENT 13. FATHER'S NAME	PENN OXYGEN &	PENNSYLVANIA 14. MOTHER'S MAIDEN NAME	U.S.A.
RICHARD HUGHES		HANNAH MORRIS	
15. Wos Deceosed Ever in U. S. Armed Ferc (Yes, no or unknown) (If yes, give wor or doles YES WW2	of service) 16. SOCIAL SECURITY NO.	STAGNES RECORDS WILKE	ADDRESS NS & CATON AVES.
(This does not mean the mode of heart lailure, astheria, etc. It means to injury or camplication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, it are itself to the abave cause (A) to UNDERLYING CONDITION last.	(c)	er monia, Pulmonary les SE A CONSEQUENCE DE: Poritoriste peration Total gastructe A CONSEQUENCE OF: Councir of Stemanh	
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1998. COND WAS PERFORM.	TERMINAL (A). TION FOR WHICH OPERATION RMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINOS CONSIDERED
OR CONTRIBUTINO CAUSE OF	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or chaut 21C WHERE DID	re City, give exact lacotion)
OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not While Work		
22. I certify that (1) (this hospital) that (1) (we) lost sow the deceased	alive an JUNE 12,	JNE 6 19 71 to JU 19 71 to JU 19 71 and that In(MyN (our) opt	nlan death accurred an the date
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	nding Med. Staff	23B, DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	ANGSOMBUT (ND. DEGREE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (C)	ity, lown, or county) (Stole)
Burial 6/16/71 25A. DATE RECD BY HEALTH DEST. 2	Plainfield Cemet	ery Wind Gap, Penn	
VS 150-BEV 1/18 1971 Japan	- values 15.10	Haward Co. Fun. Home of	Ellicott City, Md.

М.Н.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE	CITY HEALTH DEPARTMENT
	11./09	CATE OF DEATH REG. NO. 74 5708
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	JAMES EVERETT WRIGHT	6-12-71 12:35 8
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
E	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MADVI AND
lik	OSPITAL OR ADDRESS OR LOCATION) PROVIDENT HOSPITAL, INC.	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	3 9 2600 Liberty Heights Avenue	BALTIMORE YES X NO
`	Baltimore, Maryland 21215	2539 W. North Avenue
11	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years & If Under 1 Yr., If Under 24 Hrs.
11	Tale Black WIDOWED DIVORCED	Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired teckerman	Balto., Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	addison aright	Ethel Welliams
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give war or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
_	<i>W</i> 233-16-048	Mrs. Naomi Smith - Sister 1117 N. Stockton St.
	18. CAUSE OF D	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2
	(This does not meen the made of dying, e.g., (A)IMMEDIATE DUE TO, O	ECAUSE PULMONARY EMBOLIETA, RAS A CONSEQUENCE OF:
	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	EVERE CACHEXIA
	DISEASES OR CONDITIONS, if any, giving DUE 10, 0	R AS A CONSEQUENCE OF:
		CCINOMA OF CUNG & HETAGTASIS
_	II	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
2	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.4. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (c) CONTRIBUTING CAUSE OF home, form, foctory, stree etc.)	e.g., in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? (If In Boltimore City, give exect location)
EDIC	21D. TIME (Month) (Doy) (Yeor) (Haud 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
×	OF INJURY (APPROX.) While At Not	While
	22. 1 certify that (1) (this hospital) attended the deceased from	May 11.
	that (i) (we) last saw the deceased alive an June 12,	May 11, 19 /1 to June 12, 19 /1 19 /1 19 /1 19 /1 19 /1 and that in (my) (aur) apinion death accorded an the date
	and haur and fram the causes stated above. (i) (We) (did) (did no	The date of the same of the sa
	23A. SIGNATURE	238, DATE SIGNED
	Archive Roberson Jr John M.D. DEGREE	Attending Amed. Director Phys. 6-12-71
	NAME (Typerchie Robinson, Jr.	23D. Address 2600 Liberty Hieghts Avenue Balto., Md.
	BURIAL CREMATION 1248 DATE	GREE
7	DEMOVAL (Specify)	1 7/2
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25GFUNERAL DIRECTOR ADDRESS
	HIN 10 1971 Pale & Jaber MD. O	25G FUNERAL DIRECTOR STUDIES S
VS	150-REV. 1/1/68	The state of the s

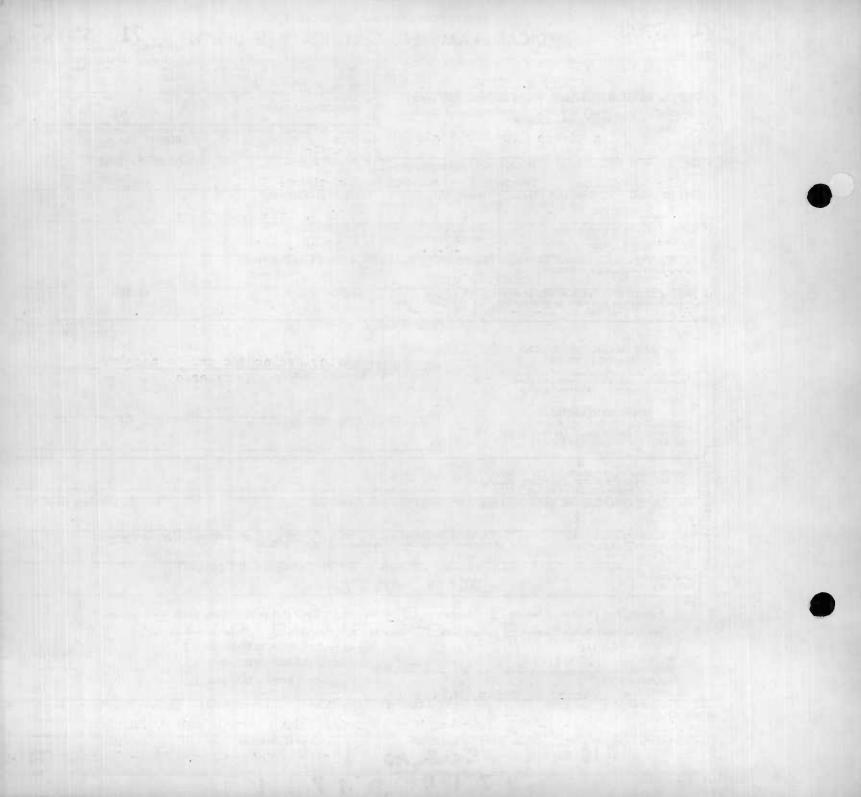
72 AND REAL PROPERTY OF THE PROPE . . . A MENT OF CHILD THE ... TO WORK IN THESE THE RESERVE OF THE PARTY OF THE 71 5709

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

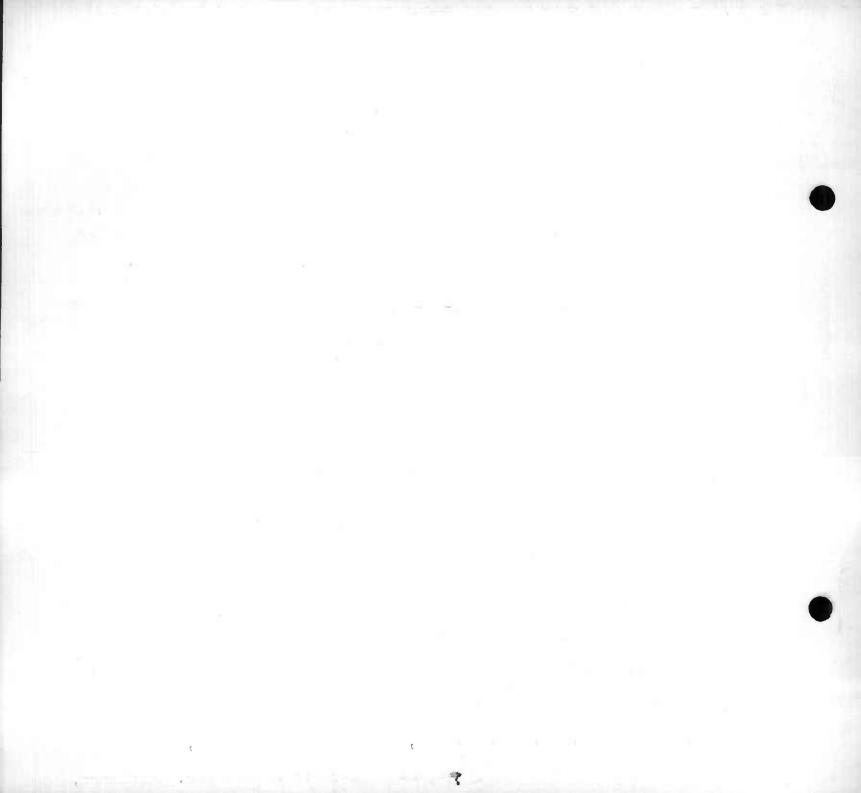
BIR	TH NO.		***************************************								REG. N			
1. 1	NAME OF DEC	EASED					2. DATE	Known) A	Aonth	Doy	Year	Hour	
(JAb	e or Print)	E	UGENE .	A. BI	UNT		OF DEATH	Estimoted						м.
4. 1	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PE	ONOUNCED DE	AD	3. DATE		A	Aonth	Day	Year	Hour	14.6
	L NAME OF	(IF NO	TIN HOSPITA	LORINS	MUTION, GIVE STR	EET	PRONOUNCED DEAD 6 14 71 9:00 P. M						Р. м.	
OR	SPITAL INSTITUTION						5. USUAL R	ESIDENCE (Y					before admi	ssion)
		Bal	timore	City	Hospital	.s	A. STATE				B. COUNT		1/1/1/	-
6. 5	·e	7. RACE		le	DOA		C. CITY OR	rland			D INCIDE	CITY LIMITS?	UT	
0. 3	DEA.				IED MEVER M	ARRIED L					D. HASIDE		_	
_	Male	Whit		WIDOW		ORCED		imore				YES X	NO 🗌	
1000	ATE OF BIRTH		10. AGE (In		Months Doys H	nder 24 Hrs. ours a Min.	E. STREET	AND NUMBE	R					
	oct. 22,	1907	63				823	S. Lake	ewood	1 Ave	nue			
11.	BIRTHPLACE (SI	ate or lovely	on country)	1	12. CITIZEN OF	ran/w	13. FATHER	'S NAME						
	Baltimon	re, Mai	ryland		WHAT COUN	IKTY	Alf	red Blu	nt					
14A.	USUAL OCCUP	ATION (GIV	e kind of work	48. KINE	OF BUSINESS O	RINDUSTRY	15. MOTHE	R'S MAIDEN	NAME					
dane	Retired	orking life, ev	en ifretired)		k Driver			tha Bus						
16	WAS DECEASE	D EVER IN	U.S. ARMED				IB. INFOR		-			ADDRESS		
(Yes	, na ar unknown)	(if yes, give y	war or dates	of service	SECURI	TY NO.			D	7+	222	S. Lake	boors	A 77.0
-	Yes	2-18-	1/1 TT-	25-4				Catheri	ne B	Tuile	023		PPROXIMATE I	
	19.	21/51			CAU	SE OF DEAT	IH						WEEN ONSET	
	DISEASE	ORCOND	TION DIREC	TLY										
	L	EADING TO	DEATH		/AN	MMEDIATE C	AUSFArte	erioscle	eroti	ic car	rdiova	scular		
	(This does no	I meon the	mode of dy	ng, e.g.,			S A CONSEC			dise				
		plicalian whi								4200	450			
	infail or com		cu caosea aea	100-7										
	injury or com		cii caosea aca	in. j										
	AN	TECEDENT	CAUSES		(B)_	NIE VO. OR	AS A CONST	OUT OF						
	AN	TECEDENT	CAUSES		(B)_E	DUE TO, OR	AS A CONSE	QUENCE OF:						
7		TECEDENT R CONDITI ABOVE CA	CAUSES ONS, IF ANY USE (A) STAT			DUE TO, OR	AS A CONSE	QUENCE OF:						
NOI	AN DISEASES O RISE TO THE	TECEDENT R CONDITI ABOVE CA	CAUSES ONS, IF ANY USE (A) STAT ION LAST.		(6) <u> </u>	DUE TO, OR	AS A CONSE	QUENCE OF:						·
ATION	AN DISEASES O RISE TO THE UNDERLYIN	TECEDENT R CONDITI ABOVE CA G CONDIT	CAUSES ONS, IF ANY USE (A) STATION LAST.	GIVING THE	(c)_	DUE TO, OR	AS A CONSE	QUENCE OF:						·····
FICATION	DISEASES O RISE TO THE UNDERLYIN OTHER SIGNI TO THE DEA	TECEDENT R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NO	CAUSES ONS, IF ANY USE (A) STATION LAST. II NDITIONS CO	, GIVING ING THE ONTRIBUTHE	(c)_ IING	DUE TO, OR A	AS A CONSE	QUENCE OF:						
RTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR	R CONDITI ABOVE CA G CONDIT	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTIONS CO	GIVING THE CONTRIBUTING THE TERM	(c)_ IING							21. AUY	DPSY7 (Yes	or No)
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR	R CONDITI ABOVE CA G CONDIT	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTIONS CO	GIVING THE CONTRIBUTING THE TERM	(c)_ IING INAL							21. AUTO		or No)
	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR 2004. DATE OF	TECEDENT R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CO I RELATED TO GIVEN IN PA	ONTRIBUTHE TERM	(C)_ IING INAL FOR WHICH OPE	RATION WA	AS PERFORM	1ED		Rollimon	City sho		Yes	or No)
	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR 2004. DATE OF	TECEDENT R CONDITI ABOVE CA G CONDITI FICANT COI TH BUT NOT CONDITION OPERATION	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CC RELATED TO GIVEN IN PA N 20B, CON WAS	ONTRIBUTHE TERM	(c)_ IING INAL	RATION WA	AS PERFORM	1ED	DID (IF II	n Boltimore	e City, give		Yes	or No)
EDICAL	DISEASES OR RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CALL	TECEDENT R CONDITI R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF CON JSE OF DEA	CAUSES ONS, IF ANY USE (A) STATI ION LAST. II NDITIONS CC GIVEN IN PA N 20B. CON WAS ITRIB-	GIVING THE ONTRIBUTHE TERMART 1 (A)	(C)_ IING INAL FOR WHICH OPE 22B.PLACE OF IN	RATION WA	In or obout a bldg, etc.)	AED 22C. WHERE I NJURY OCCU		33 115			Yes	or No)
EDICAL	DISEASES OF RISE TO THE UNDERLYIN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UNDERLYING UTING CAL 22D. TIME (22D. TIM	TECEDENT R CONDITI R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF CON JSE OF DEA	CAUSES ONS, IF ANY USE (A) STATI ION LAST. II NOTITIONS CC I RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB-	GIVING THE ONTRIBUTHE TERMART 1 (A)	(C)_ IING INAL FOR WHICH OPE 22B.PLACE OF II home, form, loctory	RATION WA	tn or obout a bidg., etc.)	1ED		33 115			Yes	or No)
EDICAL	DISEASES OR RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CALL	TECEDENT R CONDITI R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF CON JSE OF DEA	CAUSES ONS, IF ANY USE (A) STATI ION LAST. II NDITIONS CC GIVEN IN PA N 20B. CON WAS ITRIB-	GIVING THE ONTRIBUTHE TERMART 1 (A)	(C)_ IING INAL FOR WHICH OPE 22B.PLACE OF IN	RATION WA	In or obout 2 bldg., etc.)	AED 22C. WHERE I NJURY OCCU		33 115			Yes	or No)
MEDICAL	DISEASES OO RISE TO THE UNDERLYIN OTHER SIGNI TO THE DEADISEASE OR: 20A. DATE OF 22A. EXTERN UNDERLYING UNING CAI 22D. TIME COF INJURY	TECEDENT R CONDITI R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF CON JSE OF DEA	CAUSES ONS, IF ANY USE (A) STATI ION LAST. II NDITIONS CC GIVEN IN PA N 20B. CON WAS ITRIB-	GIVING THE ONTRIBUTHE TERMART 1 (A)	(C)_ IING INAL FOR WHICH OPE 22B.PLACE OF II home, form, loctory	RATION WA	In or obout 2 bldg., etc.)	AED 22C. WHERE I NJURY OCCU		33 115			Yes	or No)
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAIL COPENDURY (APPROX.)	TECEDENT R CONDITI R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF CON JSE OF DEA	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CC RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB- ATH, Doy) (Year	GIVING THE ONTRIBUTHE TERMART 1 (A)	(C)_ IING INAL FOR WHICH OPE 22B.PLACE OF IT home, form, loctory r) 22E.INJURY C	NURY(e.g., ,, street, office	In or obout 2 bldg., etc.)	AED 22C. WHERE D NJURY OCCU 22F. HOW DIE	וטנאו ס	RY OCCU	R?		Yes	or No)
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAT 22D. TIME (OF INJURY (APPROX.)	TECEDENT R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF DEA Month) (to	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CC RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB- ATH, Doy) (Year	ONTRIBUTION ONTRIBUTION ONTRIBUTION (Hou	(C)_ IING INAL FOR WHICH OPE 22B.PLACE OF IT home, form, loctory r) 22E.INJURY C	RATION WA	AS PERFORM In or obout 2 bldg., etc.) if WHILE 2 ORK 2	AED 22C. WHERE D NJURY OCCU 22F. HOW DIE	O INJUI	basis,	R?	exact location)	Yes	or No)
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAT 22D. TIME (OF INJURY (APPROX.)	TECEDENT R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF DEA Month) (to	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CO I RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB. ATH. Doy) (Year	ONTRIBUTION ONTRIBUTION ONTRIBUTION (Hou	(C)_ IING INAL FOR WHICH OPE 22B. PLACE OF II home, form, loctory 1) 22E. INJURY C m. WHILE AT Inspection	RATION WA	AS PERFORM In or obout 2 bldg., etc.) if WHILE ORK topsy He He	AED 22C. WHERE E NURY OCCU 22F. HOW DIE and that a	on this	basis,	R? death In m	exact location)	Yes	
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UNING CAI CAPPROX.) 23. 1 certification of the capture of the cap	TECEDENT R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF CON JSE OF DEA Month) (I fy that I h ad from h	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CO I RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB. ATH. Doy) (Year	ONTRIBUTION ONTRIBUTION ONTRIBUTION (Hou	(C)_ IING INAL FOR WHICH OPE 22B. PLACE OF II home, form, loctory 1) 22E. INJURY C m. WHILE AT Inspection	RATION WA	WHILE WHILE Deputy	and that comicide Chief Medic	on this	basis, determin	R? death In m	exact location)	Yes	
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UNING CAIL CAPPROX.) 23. 1 certification of the control of	TECEDENT R CONDITI ABOVE CA G CONDIT FICANT COI TH BUT NOT CONDITION OPERATION VAL CAUSE OF CON USE OF DEA Month) (I	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CO I RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB. ATH. Doy) (Year	ONTRIBUTION ONTRIBUTION ONTRIBUTION (Hou	(C)_ IING INAL FOR WHICH OPE 22B. PLACE OF II home, form, loctory 1) 22E. INJURY C m. WHILE AT Inspection	RATION WA	In or obout 2 bldg., etc.) WHILE ORK topsy Deputy ASSI	and that a comicide CHIEF MEDIC	on this Un CAL EXA	basis, determin	death In m	exact location)	Yes	NED
MEDICAL	DISEASES OF RISE TO THE UNDERLYING THE DEAD DISEASE OR TO THE DEAD THE DEAD THE DEAD THE DEAD THE DEAD THE DEAD THE DISEASE OF THE DEAD THE DISEASE OF THE	TECEDENT R CONDITI ABOVE CA G CONDITI ABOVE CA G CONDITI FICANT COI TH BUT NOT CONDITION OPERATION OPERATION OPERATION ALL CAUSE OF DEA Month) (I fy that I h ad from I RE R'S	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CC RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB- ATH. Doy) (Year	ONTRIBUTION ONTRIBUTION ONTRIBUTION (Hou	(C)_ IING INAL FOR WHICH OPE 22B. PLACE OF IT home, form, loctory 1) 22E. INJURY O WHILE AT WORK Inspection	RATION WA	In or obout 2 bldg., etc.) WHILE ORK topsy Deputy ASSI	and that comicide Chief Medic	on this Un CAL EXA	basis, determin	death In m	exact location)	Yes DATE SIG	NED
MEDICAL	DISEASES OR RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UNING CAPPROX.) 23.	FICANT COINT AND TO THE BUT NOT CONDITION OPERATION OPERATION OF DEAMONTH) (IT IS TO THE BUT NOT CONDITION OPERATION OPERATION OPERATION OPERATION OPERATION OF DEAMONTH) (IT IS THE BUT OPERATION O	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CO I RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB- ATH. Doy) (Year	ONTRIBUTION ONTRIBUTION ONTRIBUTION (Hou	FOR WHICH OPE 22B. PLACE OF IN home, form, loctory 1) 22E. INJURY O WHILE AT I Inspection Accident	RATION WA	topsy Asso	and that a comicide CHIEF MEDIC	on this Un CAL EXA CAL EXA	basis, determin MINER MINER MINER	R? death In mane manne	exact location) my opinion	DATE SIG 6-15-	NED 71
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAT 22D. TIME (OF INJURY (APPROX.) 23. I certification of the property of the proximal can be called the proximal	FICANT COINT ABOVE CAR G CONDITION FICANT COINT BUT NOT CONDITION OPERATION JAL CAUSE OF DEAMONTH) fy that I held from the condition of the	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CC RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB- ATH. Doy) (Year deld on In detural cau Cause II Con	ONTRIBUTHE TERMINATE I (A)	FOR WHICH OPE 22B. PLACE OF IT home, form, loctory 1) 22E. INJURY Community MHILE AT INSPECTION ACCIDENT 24C. NAME of	RATION WA	while while topsy asso	and that a comicide CHIEF MEDIC	on this Un CAL EXA CAL EXA CAL EXA	besis, determine MINER MINER MINER CATION	death in med manne	exact location) my opinion or	DATE SIG 6-15-1	NED 71
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OF 20A. DATE OF UNDERLYING UTING CAPPROX.) 23. 1 certification of the control	TECEDENT R CONDITI ABOVE CA G CONDITI ABOVE CA G CONDITI PICANT COI THE BUT NOT CONDITION OPERATION OPERATION (I) Fy that I h Hed from I HERE IR'S IPPE) We LATION, (V)	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CO I RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB- ATH. Doy) (Year	ONTRIBUTHE TERMINATE I (A). ONTRIBUTHE TERMINATE I (A). ONTRIBUTHE TERMINATE I (A).	ING ING INAL FOR WHICH OPE 22B. PLACE OF IT home, form, loctory 1) 22E. INJURY C m. WHILE AT MORK Inspection Accidental LZ. M. D. 24C. NAME of Meadowr	NURY (e.g., street, office NOT AT W	while while topsy asso	and that a comicide CHIEF MEDIC	on this Un CAL EXA CAL EXA CAL EXA	besis, determine MINER MINER MINER CATION	death in med manne	exact location) my opinion	DATE SIG 6-15-1	NED 71
MEDICAL	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEADISEASE OR 20A. DATE OF UNDERLYING UTING CAT 22D. TIME (OF INJURY (APPROX.) 23. I certification of the property of the proximal can be called the proximal	TECEDENT R CONDITI ABOVE CA G CONDITI ABOVE CA G CONDITI PICANT COI THE BUT NOT CONDITION OPERATION OPERATION (I) Fy that I h Hed from I HERE IR'S IPPE) We LATION, (V)	CAUSES ONS, IF ANY USE (A) STATION LAST. II NDITIONS CO I RELATED TO GIVEN IN PA N 20B. CON WAS ITRIB- ATH. Doy) (Year Latural cau Carner II 24B. DATE 6-19-1	ONTRIBUTHE TERMINATION (Houndary [Sees 2 1. Sp. 1971	FOR WHICH OPE 22B. PLACE OF IT home, form, loctory 1) 22E. INJURY Community MHILE AT INSPECTION ACCIDENT 24C. NAME of	RATION WAR	while topsy assorting ASSO	and that a comicide CHIEF MEDIC	on this Un CAL EXA CAL EXA CAL EXA CAL EXA LOG HOWS	besis, determine MINER MINER MINER CATION	death in med manne	exact location) my opinion or	DATE SIG 6-15-1	NED 71



IMPORTAN

DIRECTOR:

FUNERAL



DIRECTOR:

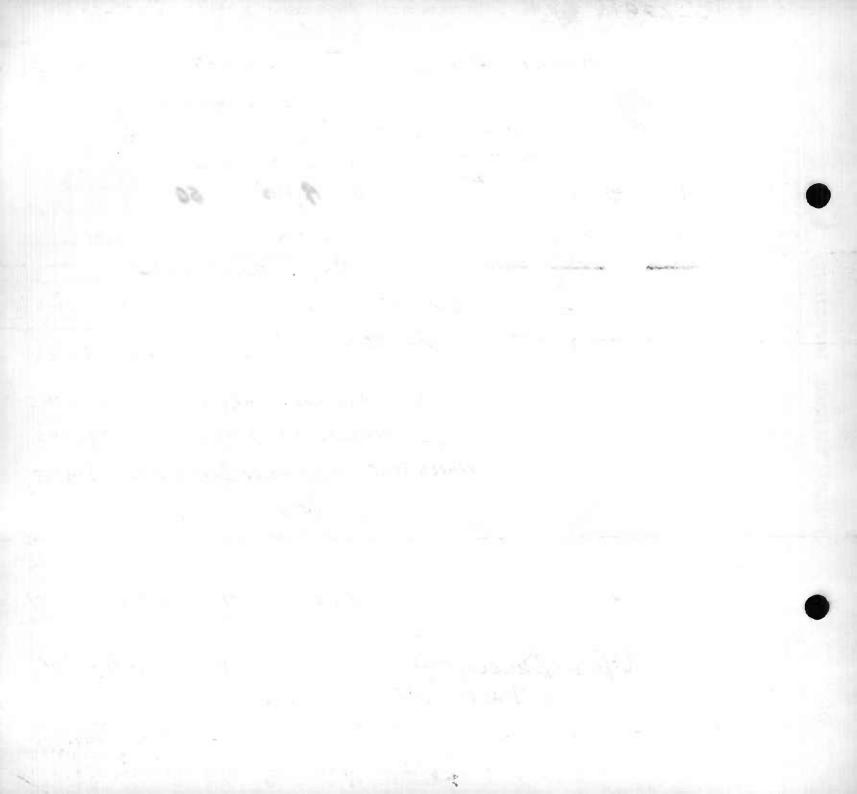
FUNERAL

VS 150-REV. 1/1/68 /

APPROVAL

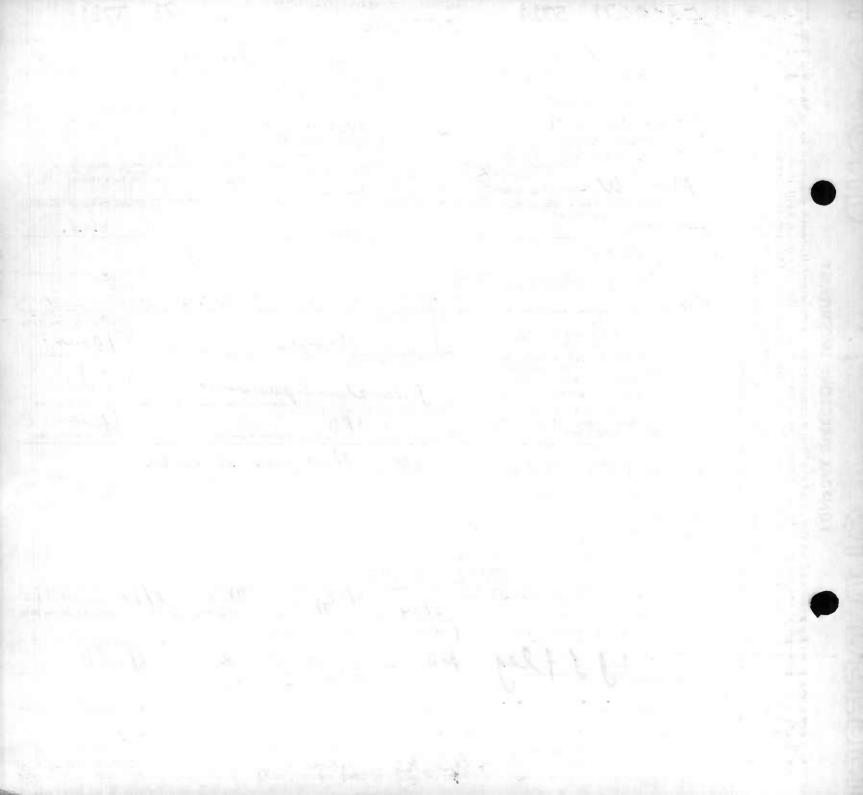


Person Places , and a district of the second
1-620 71 5713		HEALTH DEPARTMEN	-	71 5713
BIRTH NO. Items#1,#13 & #14, An	nended, CERTIFICA	TE OF DEATI	REG. NO	01260
	BERT WOOD CONR		AND HOUR OF DEATH	1550
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	Where deceased fixed, If in	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	Maryland C. CITY ONJOWN	OUNTY	- 1831
U.S. PUBLIC HEALT	4 SERVICE	Baltim		PE CITY LIMITS?
2X HOSP	ITAL	E. STREET AND NUMBE	receptive	21215
M		Aug 9 191	9. AGE (in years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole of	foreign country)	12. CITIZEN OF WHAT COUNTRY
American Seaman		New york	K	(ISA
13. FATHER'S NAME ROBERT CONROY		14. MOTHER'S MAIDEN	NAME Mood	
15. Was Deceased Ever in U. S. Armed Forces?		2000	a accord	<u></u>
(Yes, no or unknown) (If yes, give wor or doles of service)	SECURITY NO.	17. INFORMANT		ADDRESS
118.	433 24 5369 CAUSE OF DEATH	USPHS.	Hospital =	3100 Wyman tark D
DISEASE OR CONDITION DIRECTLY			10.6	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANDALEDIATE CALL	POINTESTIN	HAGE, HASS	IVE HOURS
(This does not mean the mode of dying, e.g. hearf failure, asthenio, etc. It means the disease		CONSEQUENCE OF:	HAGE, ITAL	TTOOKS
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) F501	PHAGEAL	VARICES	MONTHS
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the		A CONSEQUENCE OF:	1 11/4-	4
UNDERLYING CONDITION lost	(c) CIRR	HOSIS DE	LIVER	HONT45
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	STATUS POS	T EXPLORATE	RY LAPOROTI	DAYS
19A. DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of VES	IN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF PARTH (natify medical examiner)	RPLACE OF INJURY (e.g., ir me, lorm, factory, street, off	or ebout 21 C. WHERE DIE	(II In Boltimore	City, give exact lacation)
= IOF INJURY	LINJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)	hile At Not While	' 🗆 📗		
22. I certify that 140 (this hospital) attended	the deceased from	6/7	_19 7/ to 6	1/12 1971
that (1) (we) last say the deceased office on.		19ond	that In (my) (aur) opin	lon deoth accurred on the dote
and haur and from the causes stated above.	ly (ten bib) (blb) (eW) (l	ew the bady ofter deci	th.	
23A. SIGNATURE VIEL Dave	W.D. Atter	ding Med.	Shoff D	6/13 /7/
23C. PHYSICIAN'S NAME (Type) / VIJA L. BA	VER , H.D.	U. S. P. H.		7.7.
24A. BURIAL CREMATION, 248. DATE Cremation 6/15/71 Ga	AME of CEMETERY of CRE uden Park Grema rden Of Faith	MATORY 24D		nome County, Md.
25A. DATE REC'D SY MEALTH 1971 TABLIAME	OF NGISTRAR	25C, FUNERAL DIRECT	or 8728 Libert	y Read Address 21133
VS 150-REV. 3/1/6B	A STATE OF THE PARTY OF	Loring Byen	Funeral Dire	cters, P. A.



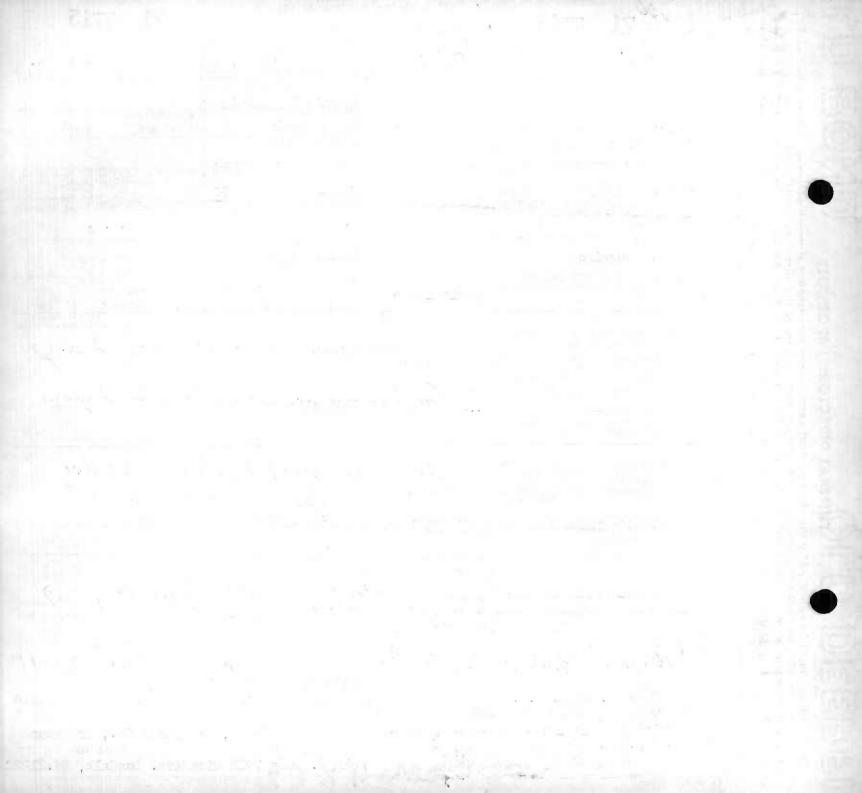
32-30-87

s E-33671 5714	CEDITIEICA	TE OF DEATH & RE	G. NO. 4 0/14
BIRTH NO.	CERTIFICA	TE OF DEATH RE	
(Typo or Print) EVSTER	John F	SR LATE AND HOUR	171 1 2:55 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institutions residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland Baltimo:	re 5300
Baltimore City Hospitals		EAST POINT	YES NO M
A940 Eastern Avenue		E. STREET AND NUMBER	
Baltimore, Maryland 212	24	7258 Conley Street	21224
	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE Un lost bishdo	years If Under 3 Yz II Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN			12. CITIZEN OF WHAT COUNTR
done during most of working life, even if refired)			H2C A
Truck Driver		Pennsylvania	U?S.A.
Eyster PETE		MOTHER'S MADER NAME	2
J /~ .			<i>i</i>
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown)[0] yes, give war of dates of sen	vice) 1 6. SOCIAL	17. INFORMANT 4940 E	Castern Avenue
UNK	218-05-6050	BCH: Records Baltin	nore, Maryland 21224
18. 2 0 5 1	CAUSE OF DEAT	<u> </u>	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		•	BETWEEN ONSET AND DEAT
LEADING TO DEATH	A.AMAHARDIATE CAL	ne anoxaa	1 Omen,
(This does not mean the mode of dying,	QA)IMMEDIATE CAU	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)			. 121.
ANTECEDENT CAUSES	A I.	1. 2 dema & preumon	in Ldays
		A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, g		COPD	Jean
UNDERLYING CONDITION last	(c)	_0 D	7
		11 :- 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING S/P	purtiple purpeal	photoduler
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	() () () () () () () () () ()	
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSYS (Yes of No.) 20B. IF	TES, WERE FINDINGS CONSIDERED
194. DATE OF OPERATION WAS PERFORMED		163	FING CAUSES OF DEATH? YES
19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY lo.g., i home, form, foctory, street, of etc.)	163	I In Boltimore City, give exoct locotion
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY le.g., home, form, factory, street of etc.)	163	I in Boltimore City, give exact location)
J 21. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examined) 21. A CCIDENT WAS UNDERLYING OF CAUSE OF DEATH (nofity medical examined) 21. A CCIDENT WAS UNDERLYING OF CAUSE	218 PLACE OF INJURY lo.g., home, form, foctory, street, of etc.) 21E INJURY OCCURRED While At Not While	n or obout 21C, WHERE DID (I	I in Boltimore City, give exact location)
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nosity medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 22. I certify that (I) (this hospital) attenthat (I) (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME IType) 24A. BURIAL CREMATION, 24R. DATE REMOVAL ISpecify BURIAL C.	21B. PLACE OF INJURY lo.g., i home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased from two. (1) (We) (did) (did not) while at two two two two two two two two two tw	21f. HOW DID INJURY OCCUR 21f. HOW DID INJURY OCCUR 21f. HOW DID INJURY OCCUR 19 71 and that In (my) riew the body after death. 23D. ADDRESS Baltimore City 4940 Eastern Avenue I EMATORY 24D. LOCATION BALD	In Boltimore City, give exoci location)



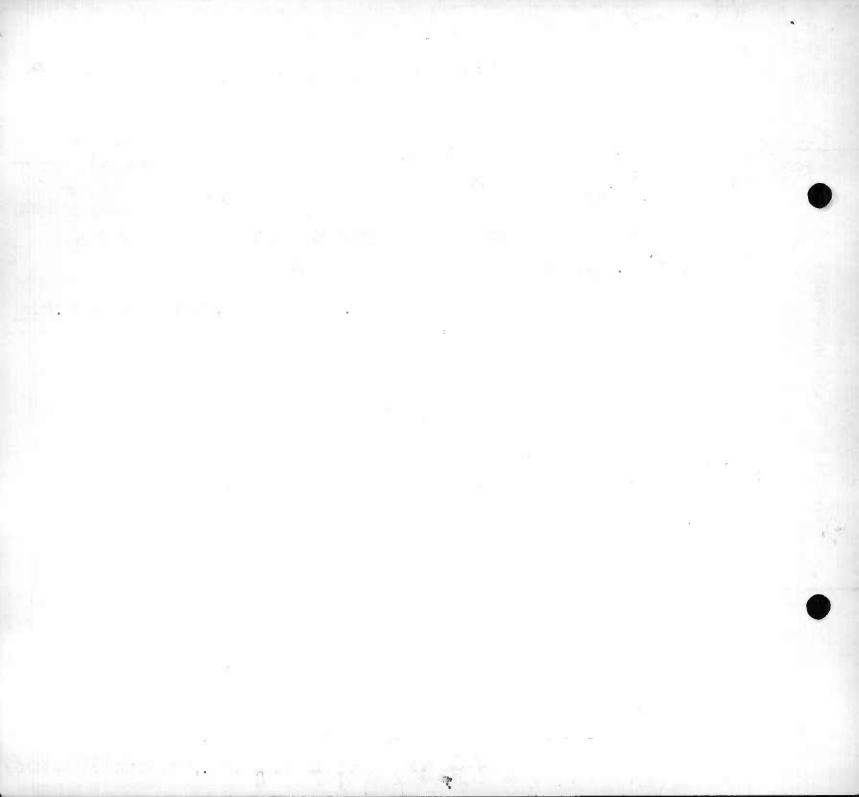
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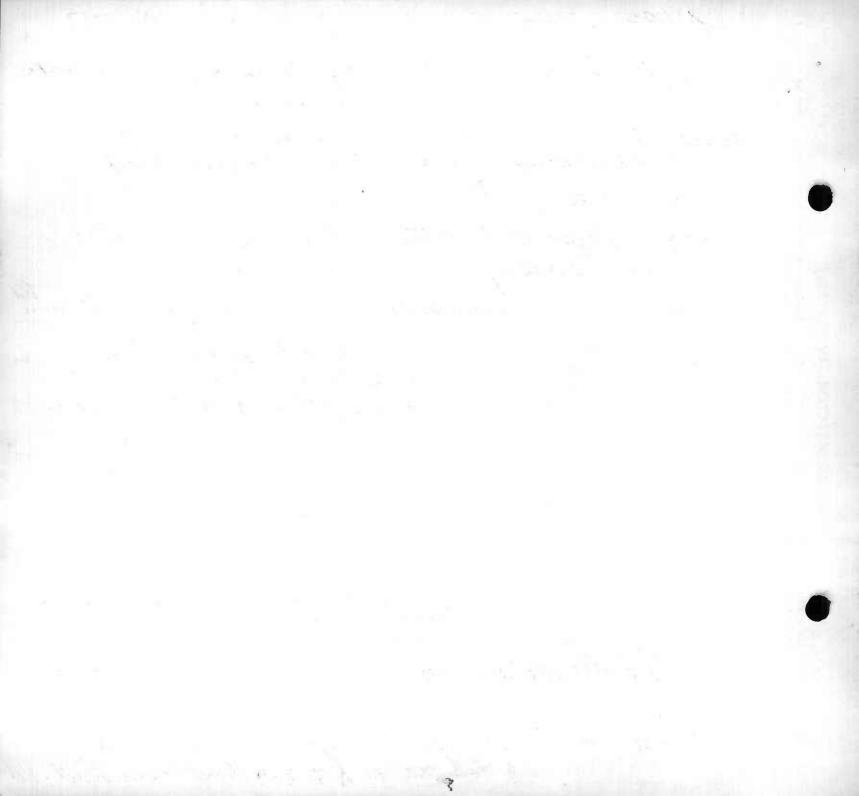
A 1.1	00		BALTIMORE CITY	HEALTH DEPARTMENT		made manual to	
BIRTH NO.	71 571	5	CERTIFICA	TE OF DEATH	REG. NO	/1 5713	
I.NAME OF DE	160				AND HOUR OF DEATH		Α
	ida Crew ALTIMORE MARYLAND, V	VHERE ROOMS	INCED DEAD		e 13, 1971	7:45	А. м.
or react in the	THEORY MARIEMED, 4	VHERE PRONO	UNCED DEAD	A. STATE B. CO	DUNIX	institution: residence before	re admission)
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		Baltimore	ے ر	300
	ore City Hospi			Jones Creek	D. IN	ISIDE CITY LIMITS?	44
	astern Avenue	Lais		E. STREET AND NUMBE	P	YES NO	<u> </u>
/	ore. Maryland			7354 Hughes		21219	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	1 2 0 1 1 2 2 2 2	Inder 24 Hrs.
Female	White	WIDOWED		5-21-21	lost birthdoy!	Months Days Hour	s Min.
IOA. USUAL OCC	CUPATION (Give kind of wor			11. BIRTHPLACE (State of		12. CITIZEN OF WHA	T COUNTRY?
done during most of Housewi	f working life, even if refired)			Arkansas		U.S.A.	,
3. FATHER'S NA				14. MOTHER'S MAIDEN	MAAAR		
	s · Huggins			Leona Nixon			
					01	244.11%	
Yes, no or unknow	d Ever in U.S. Armed Form) (If yes, give war or date	ces?	SECURITY NO.	17. INFORMANT	4940 Easter	n Avenue	
No			432-34-6792	BCH: Record	s Baltimore,		1224
18.4.9	1/ / 1		CAUSE OF DEATH		<u> </u>	APPROXIMAT	E INTERVAL
DISEA	ASE OR CONDITION DI	RECTLY			D. O	BETWEEN ONSE	T AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE Gram N4	gatare meur	nonce 2 d	041.
heart failure	nat mean the mode of asthenia, etc. it means	dying, e.g.,		CONSEQUENCE OF:			
	mplication which caused		A 1	,	. ^	1	
	ANTECEDENT CAUSES		- Gand	sema and 1	Thomas Brown	Iti 2 ac	ALA.
DISEASES	OR CONDITIONS, If	any, civing	DUE TO, OR AS	A CONSEQUENCE OF:		7	
rise to the	he above cause (A)	siating the	<i>V</i>				
UNDERLYIN	IG CONDITION last.		(c)		************************		
2	- 11			1 1 .1	1	,	
OTHER SIGNI TO THE DEA DISEASE OR	IFICANT CONDITIONS COLOTH BUT NOT RELATED TO T	NTRIBUTING HE TERMINAL	Congle	tive Heary	tailand	1 do	5 ,
DISEASE OR	CONDITION GIVEN IN PAR F OPERATION 1198 CON		VIIICH OPERATION	20A. AUTOPSY? (Yes or	N-V 208 of New August		
19A. DATE O	WAS PER		THICH OFERALION	492	IN CERTIFYING C	FINDINGS CONSIDERED	,
21 A. ACCIDE	ENT WAS UNDERLYING	1 21B	PLACE OF INTIETY (e.g., in	or about 21 G. WHERE DID) (If in Rollima	Yes ore City, give exact location	-1
OR CONTRIB	ENT WAS UNDERLYING [UTING CAUSE OF y medical examines)	hom	e, farm, factory, street, of	ice bidg., INJURY OCCUR	lit in bumme	ore City, give exact location	nį
	and the second second						
21D. TIME	(Month) (Day) (Year)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INJURY OCCURRED		MIURY OCCUR?		
(APPROX)		Whi	to At While At Work		. 0		
22. I certify	y that (+) (this hospital) attended th	ne deceased from	Way 1.	199/ 10 VU	me 13.	10 9/
) last saw the decease		N	99 21 and	Abas (a/au) (aux) aa	later death	
1	*		11 ed. Cal			intan death occurred	an the date
23A. SIGNAT	is from the causes stat	ed above. 4+) (πe) (वाच) (did-not) v	iew the bady after deat	h.		
1000	1. () [.]	of 1.	() Atte	nding Med.	SHI FEE	23B DATE SIGNED	1-11
WW		M M.	DIONLE	. Li Director Li	Stoff Phys.	Janal 13	1971
23C. PHYSICIA	AN'S Type)		2	Berelliore Cit	y Hospitals	/	-
	liam P. Hunt,	M.D.		4940 Eastern	Avenue Baltin	more, Marylan	d 21224
AA. BURIAL CRI	EMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE			ity, town, or county)	(State)
Buri	EMATION, 24B. DATE (Specify) 6-16-7.	Ma	aver Cemetery	200		uren Co., Ark	
SA. DATE REC'E	0-10-7		F REGISTRAR	25C. FUNERAL DIRECT		ADDRESS	an node
	JUNIA 1971	Robert E	30 a 20			ve. Dundalk,	MA 2722
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IMPORTAN FUNERAL DIRECTOR:

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		-	ADDRESS
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EIL	NUUK, 1542	KAMBL	EWOOD RD#21239
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r No)			CONSIDERED
	IN CERTIFYING	AUSES OF	DEATH?
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	CATION (TIMORE, MA		
TOR			ADDRESS
ONC	BROS.,60	10 REI	STERSTOWN ROAD





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BIRTH NO. 71 5718	CERTIFICA	TE OF DEATH REG.	
(Type or Print)	OUDBER	6 2, DATE AND HOUR OF	DEATH 415 8 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased li	ived, Il institution; residence before admission)
FULL NAME OF THE NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MP. BALTIN	10RE CITY 520
INSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
SINAL HOSE OF	= BACT, INC.	CITY-DALTO	YES NO
42	2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. STREET AND NUMBER 0978 MARS	UE PHIE
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	
NALE WHITE WIDOW	ED DIVORCED	10/10/95 lest birthdoy	15 Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 108, KIND done during good of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Soll England 19	INCOS.	Foland.	7150
13. FATHER'S NAME	wwo	14 MOTHER'S MAIDEN NAME	G.O.M.
mark tholdhosor		Jania ?	
15. Was Deceased Ever in U. S. Armed Ferces (Yes, no or unknown) lif yes, give war or detector services.	16. SOCIAL	17. INFORMANT	ADDRESS 62
tres, no or unknown full yes, give war or detes of service	SECURITY NO.	Our Perelo Holdly	era-197824-12.52
18, 2/ 2/ 01	CAUSE OF DEAT	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Cek	shoul house	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	ebral hemorr	nage
IThis does not mean the made of dyling, a heart failure, asthenia, etc. It means the disea	DIE TO OP AS	A CONSEQUENCE OF:	***************************************
injury or complication which caused death.)	HV	no tension	
ANTECEDENT CAUSES	(B) //	pertension	
DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)		***************************************
2 11	n.t.		/ 0 !:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG HAL	rioscleratic Vascy	194 Disease
DISEASE OR CONDITION GIVEN IN PART 1 [A].	R WHICH OPERATION	[20A. AUTOPSY? (Yes or No.)] 20B, IF YES	WERE FINDINGS CONSIDERED
WAS PERFORMED			ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or about 21 C. WHERE DID (If In	Boltimore City, give exect location)
DEATH Inatify medical examined	etc.)		
= OF INJUSY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
	While At Not While Work Not Work	' □	
22. I certify that (4) (this hospital) attende	d the deceased from	MAY 20 19 7/ 10	JUNE 12, 1971
that (4) (we) lost sow the deceased alive a	n. Juhe 1		our) opinion death occurred on the date
ond hour and from the causes stated above	. (1) (We) (did) (did not)-v		The second secon
23A. SIGNATURE			23 R. DATE SIGNED
Jan Sunski	e M. D. Atter	nding Med. Staff Phys. Director	6/12/71
23C. PMYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	
I AM SUNS	HINE M.V.	SINAI HOSP.	OF BACT- INC.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Buriol 6/13/71.	Beth The las	1 Soften	role mol.
25A. DATE RECIPIET HEALTH 1945 25B. NAM	LE OF REGISTRAL	25C. FUNERAL DIRECTOR	ADDAMSS
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VS 150-REV. 1/1/68			

11 620	BALTIMORE CITY	HEALTH DEPARTMENT	Y ma	
BRTH NO. 71 5719	CERTIFICA	TE OF DEATH	REG. NO.	5719
Type or Printl Katz, A	erman		B HOUR OF DEATH	1 12: 45 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF HOSPITAL OR IN HOSPITAL OR MADRESS OR LOCATIONI		A. STATE & COUN PENNSYLVAN	e deceased lived. It institut	ion: residence before odmission) LEGHANEY / 35
The Johns Hopkids	Hosportal	PITTSBURGH E. STREET AND NUMBER 1383 SYLVA	D. INSIDE C YE	NO O
	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. Ponths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of force)	gn country) 12	CITIZEN OF WHAT COUNTRY?
SAMUEL KATZ		ROSE GLIC	/	
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of serv	icel 16. SOCIAL SECURITY NO.	mus Cynth	in Nata-	Lame
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.	ving (8) UE 10, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	BOCUS	Jelyr
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG TET.	naioey of		
19A-DATE OF OPERATION 19R CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of elc.)	n or obout 21 C. WHERE DID	(If In Boltimore City	r, give exect location)
210-TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work		JRY OCCUR?	
22. I certify that (1) this haspitoi) attend that (1) (we) lost saw the deceased olive	on <u>G-/3-7/</u>		* personne 10 ennembritionnegfer dit	deoth occurred on the date
ond hour ond from the couses stated abay 23A. SIGNATURE Courses 23C. PHYSICIAN'S	Atternation Degree Phys		236. Phys	DATE SIGNED
JAMES R. REYN 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE 24B. DATE		THE JOHNS H	OPKINS HOSE	PITAL wn, or county) (Stote)
Removal 6/13/7/1	Leth Shelom	25C. FUHERAL DIRECTOR	the Pa	PADORESS
VS 150-REV. 1/1/68	The state of the s	after Fernsy	no / Dres de	re

DIRECTOR:

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VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

	111-1-14 11 01/23	TE OF DEATH REG. NO. 71 5723
	I.NAME OF DECEASED	2 DATE AND HOUR OF DEATH
	CTYPE OF PARTY ELAINE MARABLE	6/13/7/ 1020 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	U-OF- MANYLAMD.	BALT. YEST NOT
. 6	38/49	E. STREET AND NUMBER 758 W. FAYETTE 9T.
s made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeers lift Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it retired)	11. BIRTHPEACE (Sigle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
itio	unknown white	Entimore Md. 45A.
disposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. Wes Decessed Ever in U. S. Armed Ferces? Yes, ne or unknown Uf, yes, give wer or detes of service SECURITY NO.	17. INFORMANT MAY HAVE ADDRESS -
final	security No.	ald Records 111: 1 For
or f	18. 29 X X CAUSE OF DEATH	
po	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
E	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	
balm	heerl feilure, oslhenio, etc. It meons the diseose, injury or complication which coused death.)	CONSEQUENCE OF:
E	ANTECEDENT CAUSES	ymatic Rent Desease
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	
9		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	none
	U 19A DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	***************************************
4	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INTURY (A.G. In	20A-AUTOPSY? (Yes of Ne) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
bef	OR CONTRIBUTING CAUSE OF home, ferm, fectory, street, offi	or obout 21 C. WHERE DID (If In Baltimere City, give exect locotien)
0	OF INJURY (Menth) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
btained	Mot While At Not While Work At Werk	
opt	22. I certify that (1) (this haspital) attended the deceased from	1/13/7/ 19 A. 10 D AM
eq	that (1) (we) lost sow the deceased office on	ond that in (my) (our) opinion death occurred on the date
	and hour and from the couses stated abave (1) (We) (did) (did not) vi	ew the body ofter deoth. Death approx 4-shourspray
must	23A. SIGNATURE	238 DATE SIGNED
	Alten Phys.	Director Phys. // // 7/
approval	RONALD YLICHTER	502 DALE R'D. Balt. Und.
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CREA	MATORY 24D. LOCATION (City, tewn, or county) 1State)
9	BURIAL 6-17-71 Mt. HUBUR	en Destimore Ud
2	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR . ADDRESS
, IF	15 150-REV. 1/1/68	MORTANE DYEHF. H. 1701 KAURENS

Barrens Fig. Submary Ud-

111777657373	CERTIFICATE OF DEATH REGINO 71 - 5724
BIRTH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
MICHAEL S. MOLER	OF DEATH Estimated June 10, 1971 1:30 P
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 10, 1971 1:30 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
BALTIMORE CITY HOSPITAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	Washington //
Male White WIDOWED DIVORCED	1 77.11.
9. DATE OF BIRTH IIO. AGE (in years If Under 1 Yr. If Under 24 Hrs	ILS INO A
lost birthdoy) Months Doys Hours Min.	
11. BRITHPLACE (Stole or foreign country) 12. CITIZEN OF	Rte. 2 Box 19
Emade mi ole Montal and WHAI COUNTRY?	13. FATHER'S NAME
Frederick , Maryland WHAICOUNTRY?	Robert L. Moler
14A.USUAL OCCUPATION (Give kind of work[14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
Brakeman Railroad	Rita Gugluizza
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or dotes of service) SECURITY NO.	IB. INFORMANT
No 219-52-125	8 Mrs. Rita Moler Williamsport, Md.
19. CAUSE OF DEA	APPROXIMATE INTERVA
DISTAST OF CONDITION PIPECTLY Bronche	pneumonia complicating burns
LEADING TO DEATH	
(This does not mean the made of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which caused death.)	CAUSE AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE OF:
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS DEDECORATED
0 1	AS PERFORMED 21. AUTOPSY? (Yes or No)
✓ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INTURY/e of	yes
UNDERLYING OR CONTRIB. home, form, foctory, street, offic uting Cause of Death.	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) bldg, etc.) INJURY OCCUR? 4600 W. Fayette Street
Z 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 6-6-71 12.50 P WHILE AT ST NOT	Subject fell touching a live wire
23.	
I certify that I held an Inquiry Inspection Au	tapsy 🗵 and that an this basis, death in my opinion
resulted fram: Natural causes Accident & Suicident	le Homicide Undetermined manner
() 00.11.1	CHIEF MEDICAL EXAMINER
ACTUAL West // /www	ASSISTANT MEDICAL EXAMINER
SIGNATURE FXAMINER'S Ronald N. Kornblum, M.D.	
NAME (Type)	ASSOCIATE MEDICAL EXAMINER 6/11//1
24A. BURFAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	(Sing, lowing of country)
Burial June 14,1971Brunswick	Hts.Cem. Brunswick, Maryland
25A. DATE SEC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport, MD.
VS 151-REV. 1/1/6B	7 7 9 6

June 10. 1971 line acii hashqar, ko'rabyri TORON . I STEEDER off the line with autom of H . sull Sect -18-915

Hunter June 19, 1971Br. mawick Mtm. Jan. Brunswick, Norwillend.

71 5725.	ALTH DEPARTMENT	4
16	CERTIFICATE OF DEATH REG. NO	1 5760
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print) IRVING W. BANE	2. DATE Known A Month Doy OF Estimoted Type 12 1971	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 12, 1971	4:05 P.M.
20 E. Franklin Street	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY Maryland	residence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	
Male White WIDOWED □ DIVORCED □		NO 🗆
9. DATE OF BIRTH Apr. 16, *19 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 1323 N. Calvert Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Bluefield, W. Va. WHAT COUNTRY?	George Bane	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY date during most of working life, even if retired)		
Security Guard ConsolidatedEng.	unknown	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	IB. INFORMANT AD	DRESS
Yes W.W.II 219 16 520		Calvert St.
	sclerotic cardiovascular disea	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
heort foilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 1		Yes
	in or about 22C. WHERE DID (If in Boltimore City, give exact	t locotion)
UNDERLYING OR CONTRIB-	bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WHILE AT WORK AT V	WHILE OVER TO THE TOTAL OF THE	
23. I certify that I held an Inquiry I Inspection Au	topsy 🛣 and that on this basis, death in my c	oninion
resulted fram: Notural couses Accident Suicident		1
01 0 0	CHIEF MEDICAL EXAMINER	
SIGNATURE Cherile J. Jamgale M.E	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Charles S. Springate, M.D.	· · · · · · · · · · · · · · · · · · ·	une 13, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	or county) (State)
Burial 6/15/1971 Glen Haven	Mem. Park Glen Burnie, A	A.Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AE	DDRESS
The state of the s		
VS 151-REV. 1/1/6B	George J. Gonc@, 4001 R	itchie Hgwy.

Street and the street The state of the s .U.T arrested it it milent

FUNERAL DIRECTOR: IMPORTANT

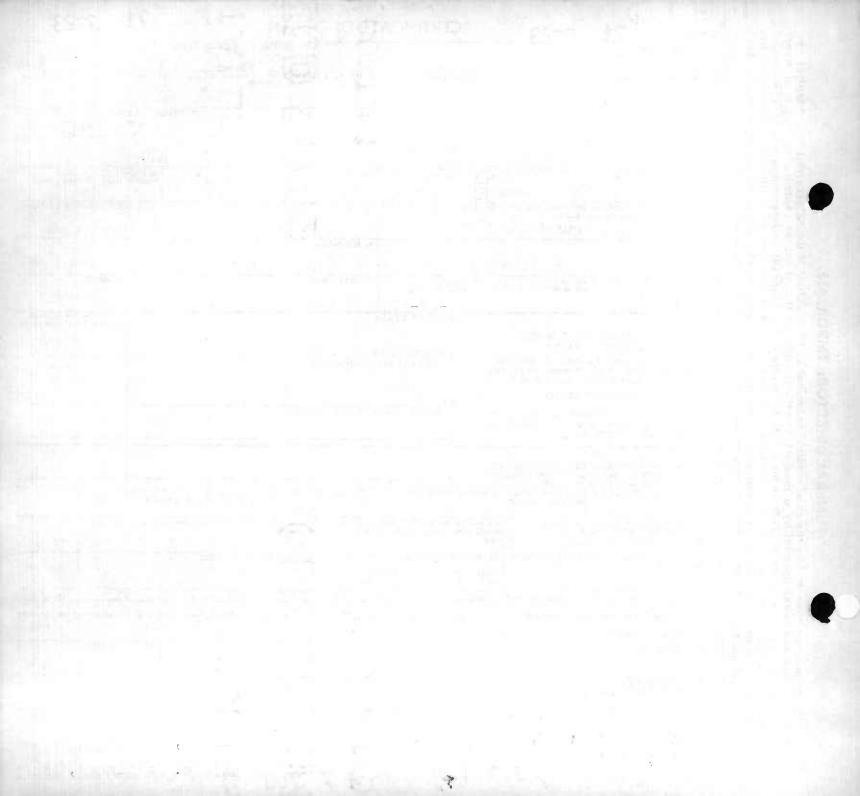
X-15	0			В	SALTIMORE CIT	Y HEALTH	PEPARTMENT				
DIKITI 140.	又 71	5	726		CERTIFICA			REG	NO	71	5726
1. NAME OF DE (Type or Print)		7 0	BETH	1 2	202	INSO	2. DATE A	ND HOUR OF	DEATH		
3. PLACE IN BA	LTIMORE MARY	LAND. W	VHERE PRON	OUNCED	DEAD			6 / / I/ /	//		sidence belare admissi
						A. STATE	& COU	111	ived. II insi	itulion: re:	sidence belaro admissi
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT II	N HOSPIT	TAL OR INST ATION)	TUTION, C	GIVE STREET	Ma	- (2)	allo			2/41
INSTITUTION					a.	C. CITY OF	TOWN		D. INSID	E CITY LIA	ипѕ?
18 Mary	Mud	16	RIIOAN	. 1	Hostilal		2110			YES 🖳	NO 🗌
9/01	/			1	2011000	46	AND NUMBER	rcou	27	Rd	
S. SEX	6. RACE		7- MARRIEI	NEVI	ER MARRIED	8. DATE OF	BIRTH	9. AGE (In y lost birthdoy)	eors	If Under	1 Yr. If Under 24 H Days Haurs Min.
-	100		WIDOWE		DIVORCED _	07	16/93		11		Haurs Will.
10A, USUAL OCC dane during mast of	UPATION (Give k	ind of work	108 KIND	OF BUSINE	SS OR INDUSTR	11. BIRTHPI	ACE State of fare	gn countryl		12. CITIZ	EN OF WHAT COUNT
	EUNFE	11 10/1100/				MA	RYLAND	5		11	J.A.
3. FATHER'S NA	ME		-				R'S MAIDEN NA			0.	21.0
	AVIDL	-						KIN	BERG	UATT	TER
15. Was Deceased Yes, no at unknown	Ever in U. S. A	Armed For	ces?	1 6. SOC	URITY NO.	17. INFORM	ANT				ADDRESS 914 16
					01-79062	WALT	er L. Am	WISON.	464	1 HA	ecouse-
18.	521				AUSE OF DEAT	Н				6000	APPROXIMATE INTERVAL
DISEA	SE OR CONDIT	TION DIF	RECTLY			0	,			BE	TWEEN ONSET AND DEA
	LEADING TO	DEATH		,	A)IMMEDIATE CA	101	dan	f	20.	1	2-3 N
(This does	asthenio, etc.	mode ol	dying, e.g		DUE TO, OR AS		NCE OF:	No 1	aca	2	a-July
injury of con	nplication which	n coused	deoth.)),						- 1	
	ANTECEDENT					. 1	1 +	- 1			/ -
	OR CONDITION			(E	B) Cittle	ille	ulus	c Pr	rea	149	ion
rise to th	e above cou	se (A)	ony, giving	1	DUE TO, OK AS	A CONSEQU	ENCE OF:	0	1		
UNDERLYIN	G CONDITION	last.		(0	-)						
	- 11					2017					
OTHER SIGNI	CANT CONDITIO	ONS CON	NTRIBUTING	r.							
DISEASE OR C	H BUT NOT RELA	N IN PART	T 1 (A).	•							
OTHER SIGNIFICATION TO THE DEAT DISEASE OR CO. 1994. DATE OF	OPERATION 1	VAS PERF	DITION FOR	WHICH O	PERATION	20A. AU	OPSY? (Yes or No	208, IF YES	WERE FIN	DINGS	ONSIDERED
4								IN CERTIFY	NG CAUS	Les OF DE	ATH?
OR CONTENTAL	NT WAS UNDER	CLAING	21	& PLACE C	of injury (e.g., i	n or about 21	WHERE DID	(If In	Baltimore	City, givo	exact lacation)
DEATH (notify	medical examin	orl	etc	(a)	rocioty, ander 0	mea biog., IN.	OKI OCCUR!				
21D.TIME	(Month) (Day)	(Year)	(Hour) 211	E INJURY	OCCURRED	211	HOW DID INJ	ISA OCCIISA			
(APPROX.)			l _w	hile At [Not Whil	• —		I GCCOK!			
				ork 🗀	AT WORK		1			-	1.
	that (I) (this i					6/12	/ 7/1	9to_		6	1/4 1931
that (I) (we)	last sow the	deceased	d alive on.		6//	4/ 19 5	and the	at In(my) (c	ur) goinic	on death	accurred on the do
and hour and	from the caus	ses stote	ed obove.	(I) (We) (d	did) (did not) v	lew the hor	v ofter death	, , , , , ,	p		
23A. SIGNATU	RE	2	A.		4	13/1/10/2000	, viiei dedille		la	38, DATE	SIGNED.
1	7/1	1	2611	a.	A.D AH	nding	Med.	Shoff Ta	1	JU, DAIE	6/10/2
23C. PHYSICIA	N'S	1		- /	- a a a need			Shoff Phys.			1/1/1/
NAME (T	ypol	7			6 1	23D. ADDRES	11		11	/	
1 / -	15.7	E	-2/	PA	Z. DEGREE		101-	6.	17.		(
REMOVAL (MATION, 248, D		10.00.00	A 4 4 P . 4 . 6	CAAFTERY CO		(240.40				
	pecifyl	DATE	24C. N	AME OF C	EMETERY OF CRE	MATORY	124D. LC	CATION	(City,	town, or o	county) (State)
AND THE RESIDENCE	1 1400	love.	71 PA	PATOR	OD COM	STERV			-	town, or	county) (State)
BURIA	1 1400	LOUG!	71 PA	RELUC	ob Cens	TERY	BA		O., A	own, or	
market on a	1 1400	LOVE"	71 PA	PA-VOC	ob Cens	25C. FUN			-	D.	ADDRESS TO., N. 212

K	3-650	71 5	727		HEALTH DEPARTME		71 5727
1,1	TH NO. AME OF DECEASED pe or Print) C.D.I.	VIN CEO	DCE VA			TE AND HOUR OF DEAT	тн , 8:08АМ
3.	PLACE IN BALTIMORE	YIN, GEO			-	UNE 12 1971	institution: residence before admission)
FU				UTION, GIVE STREET	MARYLAN c. CITY OR TOWN BALT I MO	D. IN	VSIDE CITY LÍMITS?
	40 ST	AGNES H	OSPITA	L	E. STREET AND NUM		YES NO
5.	SEX 6. RAC		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In vente	II Under 1 Yr. , II Under 24 Hrs.
		TE	WIDOWED		03/31/07	lost birthday)	Months Doys Hours Min.
don	SHEET MET	AL Work	er	Metal	MARYLAN		U S A
13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME	
	STE PHEN	GRUYIN				Tomasha	3
	Was Deceased Ever in s, no ar unknown) (if yes, Yes	U. S. Armed Fore give wor or dote: WW II	es? s of service)	16. SOCIAL SECURITY NO. 218-01-3620	ST AGNE	S HOSPITAL E	BALTO MD 21229
	LEADIN (This does not meon heart foiture, astheniniury at complication ANTECE	o, elc. Il means which caused DENT CAUSES	dying, e.g., the disease, death.)		A CONTRACTOR OF THE PARTY OF TH	Micc infract	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASES OR COI	cause (A)	stoling the	(C)	A CONSEQUENCE OF	***************************************	
CERTIFICATION	OTHER SIGNIFICANT O TO THE DEATH BUT N DISEASE OR CONDITION	OT RELATED TO THE IN GIVEN IN PART	E TERMINAL	00000000000000000000000000000000000000		70 F44.70 1 444.44 V HIVEHING G444.44 G44.44 G4	2016 1941 1955 h.k. = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
ERTIFIC	19A. DATE OF OPERA	WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes	OF NO. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE I	OID (If in Boltim UR?	ore City, give exoct location)
MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor)		INJURY OCCURRED Not While At Work		D INJURY OCCUR?	
	22. I certify that (X) that (X) (we) lost so	(this haspital)	attended the	e deceosed from	06/1'0/71 19	1/1/	6/12/71 19
	· ·			(We) (did) (XiX X6) vi			\
	23A. SIGNATURE	0//					238. DATE SIGNED
	FT	Lyle		DEGREE Phys.	ding Med.	Staff Phys.	6.12.71
	23C. PHYSICIAMS NAME (Type)	DLAZ ITR	MTIGAL	2	SD. ADDRESS	11 -110	
24#	REMOVAL (Specify)			ME of CEMETERY of CRE	MATORY 2	4D. LOCATION (C	City, town, or county) (Stote)
254	Burial.	6/16/7	71 LOL	idon Park Ce			City, Maryland
	JUNIE 197	, Valler &	. Na Be.	ALLG O	Walters	Funeral Hom	ne Pratt&Stricker Streets 2122

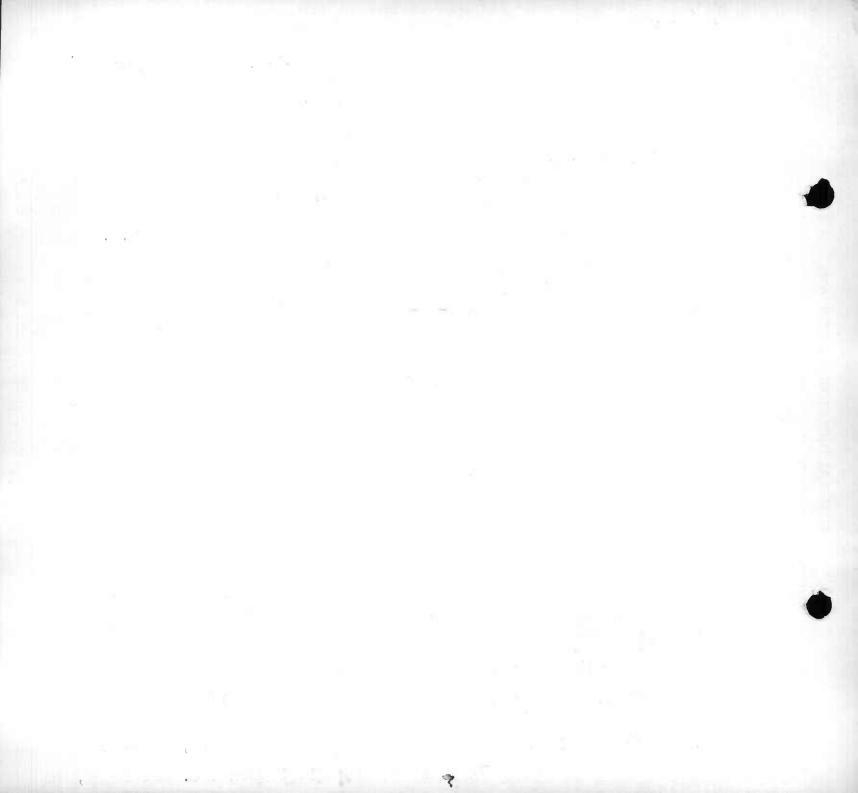
FIRE AND ASSESSMENT

)	approved by the chief medical examiner or his assistant if death occurred in a hospital and	er. Also, it the direct or contributing cause of death	t any nature; (2) Body burns; (3) A tracture of any kind; (4) Underermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	lar attendance on the deceased prior to death. Such	ibaimed or tingl disposition is made.	
	This certificate must be approved by the chief medical examin	the body was released to the hospital by a medical examiner. Also, it the direct of contributing cause of dearn	shows: (1) An accident of any nature; (2) Body burns; (3) A tra	was D.O.A. at a hospital (except where the physician who p	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

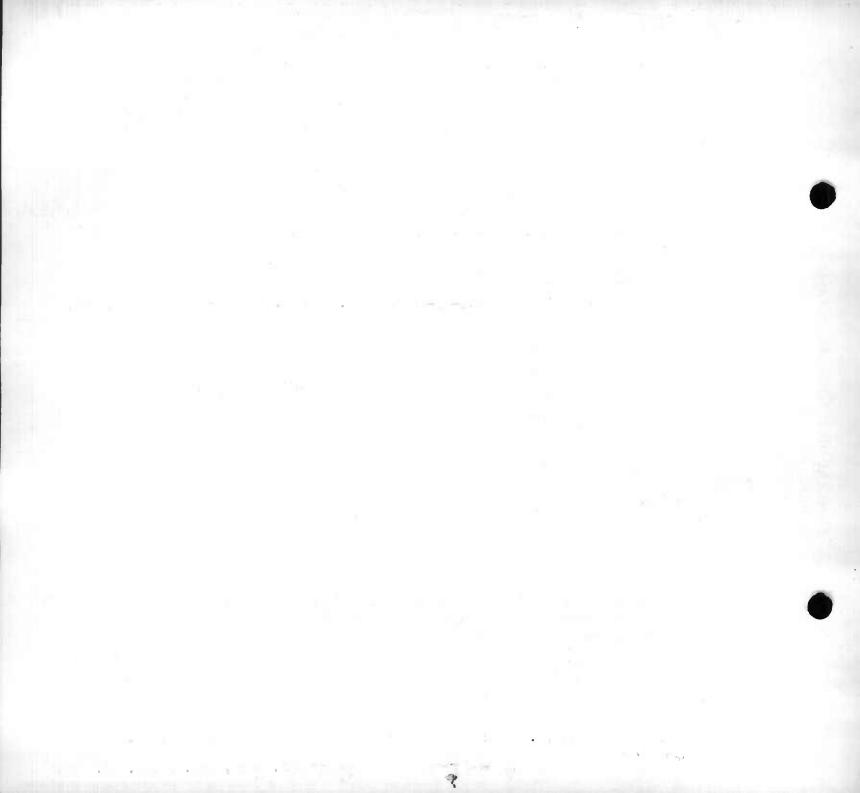
61 01 0	BALTIMORE CITY	HEALTH DEPARTMENT		F. 1
H-260 81RTH NO. 71 5728	CERTIFICA	TE OF DEATH	REG. NO	71 5728
I, NAME OF DECEASED		2 DATE AND	HOUR OF DEATH	
(Type or Print) ASSERO, MA	RY C.	June	12 191	71 1 10=20 9 m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	OUNCED DEAD	A STATE B. COUNT	deceased fived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TITUTION, GIVE STREET	Mary lan	D. INSI	DE CITY LIMITS?
44 Union Memorial	Hospital	E. STREET AND NUMBER 2903 MG		YES NO L
	D NEVER MARRIED		AFKIEY /	II Under 1 Yr., II Under 24 Hrs.
Female white whom		04-23-93	st birthdayl	Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Rotived Housewife		Italy		American
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	E	
Joseph Catan			Cata nese	
5. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	220-48-076	samuel J	. Asser	o same
18.4-10171	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		M	T. += -t:	and a day
(This does not mean the mode of dying, e.	(A) IMMEDIATE CAL	SE MYO Candial	- rujanai	2007
heart failure, asthenia, etc. It means the disea- injury or complication which caused death.)	50, OK AS	A CONSEQUENCE ON		
ANTECEDENT CAUSES		ASCVD		
DISEASES OR CONDITIONS, if any, givi	DUE TO, OR AS	A CONSEQUENCE OF:	Q qqq,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
rise to the above cause (A) stating ! UNDERLYING CONDITION last.	he			
ONDERLING CONDITION ISSE	(C)		***************************************	
The Significant Conditions Contribution	G			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).	и			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 27A. ACCIDENT WAS UNDERLYING!	R WHICH OPERATION	20A AUTOPST? (Yes or No.)	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	is PLACE OF INJURY (e.g., inome, form, factory, street, o	n or obout 21 C. WHERE DID	(ii in Baltimar	e City, give exact lacation)
OF INJURY	While AI Not While Work At Work	* I 21F. HOW DID INJU	RY OCCUR?	
22. I certify that (i) (this hospital) attende	d the deceased from Y	Nay 20 19	71 10 Ju	me 12 197
that (i) (we) last saw the deceased alive a		*	t in (my) (aur) api	inion death occurred on the dote
and haur and fram the causes stated above	(i) (We) (did) (did not)	lew the bady after deoth.		23R, DATE SIGNED
23A. SIGNATURE	Ath	onding Med.	Staff (
10hm the	HO DEGREE Phy	s. Director L. P	Staff hys.	June 12, 1971
23 C. PHYSICIAN'S NAME (Type)	(T	at ka	2	Hachit. 1
24A. BURIAL CREMATION, 124B. DATE 124C	NAME OF CEMETERY OF CR	01//41	CATION (CI	ily, town, or county) (State)
Burial 6/16/71	Holy Redeeme	Da	ltimene	Manuland
	F OF REGISTRAR	25C. FUNERAL DIRECTOR	TITHOLE,	Maryland
JUN I'M MALL MOSSING EN MALOS	TRO DO	Leonard J R		Baltimore, Md
VS 150-PEV 1/1/68				



10 -	15			BALTIMORE CITY	HEALTH DEPAR	TMENT			
BIRTH NO.	71	5729		CERTIFICA	TE OF DE	ATH	REG. NO	71	5729
(Type or Print)	CEASED				-	ATE AN	D HOUR OF DEATH	1-00	11:
	Carme	Lo Catala	no			6/1	2/7/ 4.	SOF	PM.
3. PLACE IN BA	ALTIMORE, MAR	YLAND, WHERE PR	ONOUN	CED DEAD	4. USUAL RESIDI	B. COUN	deceased lived. If	institution	residence before odmission)
FULL NAME O	F (IF NOT ADDRESS	IN HOSPITAL OR II	TUTITZ	ON, GIVE STREET	Maryla	nd			2744
NOTTUTION					C. CITY OR TOWN		D. IN	SIDE CITY	
00	040 5				Baltim E. STREET AND I	NUMBER		YES X] ио []
	3213 Bay	onne Ave)		3213 B	ayonn	e Ave		
5. SEX	6. RACE	7- MAR	RIED X	NEVER MARRIED	8. DATE OF BIRTH		. AGE (In yeors	II Und	er 1 Yı. , If Under 24 Hrs.
Male	White	WIDO	WED	DIVORCED	Feb 2,1	891	ost birthdayl	Months	Doys Hours Min.
10A, USUAL OC	CUPATION (Give	kind of work 108, KIN	D OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (S	tole or loveig	in country)	12. CIT	IZEN OF WHAT COUNTRY
done during most of					T1 - 3				0 1
Retired		Mason			Ital			U	.S.A
					14. MOTHER'S M.	AIDEN NAM			
		e Catalan	_		?		3		
	od Ever in U.S.	Armed Forces? Not of dotes of serv	ice) 16	SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
No			12	216-10-671		arie 1	P Catalan	10	Same
18.	2/31			CAUSE OF DEATH	(,	APPROXIMATE INTERVAL
DISEA		ITION DIRECTLY		11 Conce	201/alle	Varia	alledan	1	SETWEEN ONSET AND DEATH
	LEADING TO			(A) IMMEDIATE CAU	SE Maiss	ine 1	Rememb	ele	
heort loilure	not mean the	mode of dying, It means the dise	e.g.,	DUE TO, OR AS	CONSEQUENCE	F:			
injury or co	mplication which	h caused deoth.)		2 Materi	· Clera	· ·	. 2		
	ANTECEDENT	CAUSES		3 Mate	12/1/2	1	The Street	10	110-12-
DISEASES	OR CONDITIO	ONS, il any, gi	ving	DUE TO, OR AS	A CONSEQUENCE	OF	Juca	1	rens
rise to t	he obove ca IG CONDITION	use IA) sloting	the /	(c)					
	- 11								
TO THE DEA	TH BUT NOTREL	IONS CONTRIBUTE	NG NAL	1000000					
19A. DATE O	F OPERATION	EN IN PART 1 (A).	OR WHI	CH OPERATION	20 A. AUTOPSY?	(Yes or No)	208. IF YES, WERE	EINDINGS	CONSIDERED
19A. DATE O		WAS PERFORMED		on or English	2010/31/	1163 01 1107	IN CERTIFYING CA	AUSES OF	DEATH?
OR CONTRIB	ENT WAS UNDEBUTING CAUS	RLYING I	218, PL A home, I etc.)	CE OF INJURY (e.g., in orm, foctory, street, off	or about 21 C. WHE	RE DID	(If In Boltima	re City, giv	re exoct location)
21D.TIME	(Month) (Do	y) (Yeoi) (Hour)	21 E. IN.	URY OCCURRED	21 F. HOV	ULNI DID V	RY OCCUR?		
(APPROX.)			While A	Not While	П				
22 1 consider	. ahaa (1) (ahia	hospital) attend			n		10 1		19 91
			Name of Street	full //	10-71				19.7/
		deceased alive	- (/		19		in(my) (eur) ap	Inlan dea	th accurred an the date
and haur ar		uses stated abov	e. (1)-(4	(did) (did-not) vi	ew the bady afte	er deoth.		1000 0 4	
6	tan x	had He	rue	Atter Phys.	ding Med.		haff hys.	6//	2/71
23C. PHYSICI	AN'S Type AM	SHIDH	AM	IED.	204- E	I. Te	OPPA-K	28.	bXSVY
24A. BURIAL CRI	EMATION, 248.	DATE 24	C. NAME	of CEMETERY of CRE	MATORY	24D. LO	CATION (C	ity, town, c	or county) (Stote)
Entembr	ent _x 6		Dul	anev Valle	ev			Marv]	
25A. DATE REC'I	BY HEALTH D	EPT. 256 NA	ME OF R	BEISTRAR	25C. FUNERAL	DIRECTOR		y.	ADDRESS
AT MUH.	19/1 1/6	Bert E. Jan	3.4	700	Leonard	i "I Hi	ick Inc.	Ralt-	imore. Md
VS 150-REV. 1/1	/68						AND THE	ne Lu	ringi e ini



VS 150-REV. 1/1/68



hospital

IMPORTANT

DIRECTOR:

FUNERAL

hospital

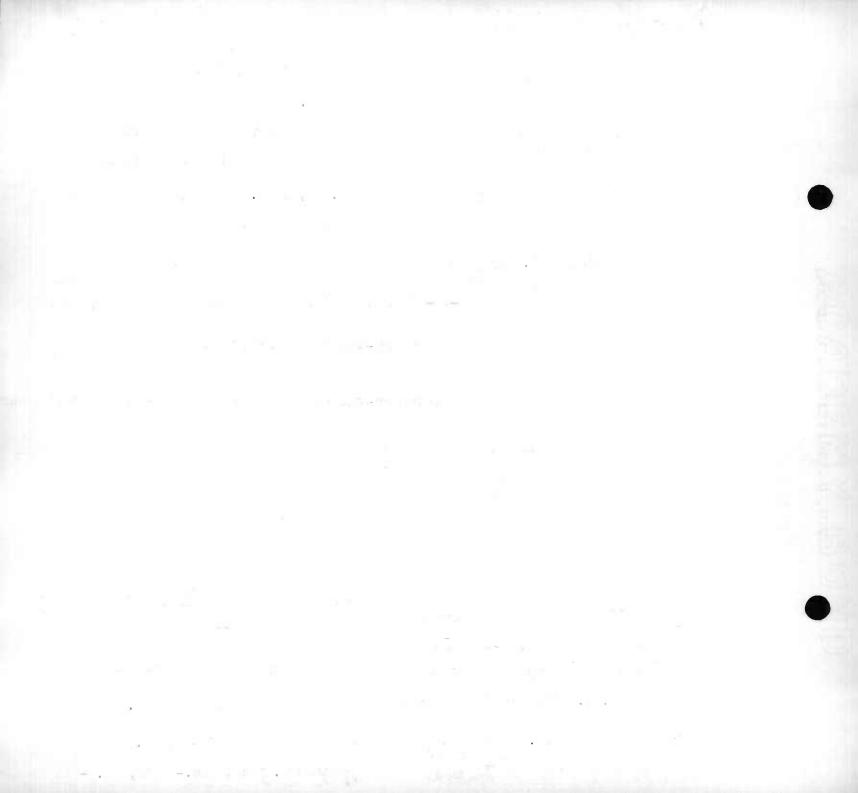
the

approved

any nature;

of

shows:



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); such and (6) No physician was in regular attendance on the deceased prior to death. Such written control must be obtained before the appropriate attendance on the deceased prior to death. Such VS 150-REV. 1/1/65

NAME OF DE		h S. N	iewierov	vski		e and hour of deat	7:25
FULL NAME OF HOSPITAL OR INSTITUTION At Home 411 South Imla Street, Baltimore, Md. 21224					A. STATE B. C. Maryland	Where deceased lived, If OUNTY	institution: residence before admis
					D. STREET ADDRESS	(If rurol, give locotion) Imla Street	
sex Male	6. RACE White	7.		IEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 3/18/1892	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
ne during most o	CUPATION (Give kin of working life, even if Cutter		Foster		11. BIRTHPLACE (Store of	foreign country)	12. CITIZEN OF WHAT COUNTRY? Poland
FATHER'S NA	2 ?	Nie	ewierowa	ki	14. MOTHERS MAIDEN	NAME ?	
. Was Decease es, no or unknow No	od Ever in U. S. Ar	rmed Force	of service)	6. SOCIAL SECURITY NO. 219-05-6111	17. INFORMANT Mrs. Geneviev	e Jachem 411	ADDRESS South Imla Street
(This des	LEADING TO		luin-	(A) Cerel	rol Vascular	Heciden	Sdays
DISEASES rise la I UNDERLYIN	nol mean the me, osthenio, etc. It implication which ANTECEDENT COR CONDITION the above cousting CONDITION It	node of d I means It caused d CAUSES NS, if an ise (A) s last.	he disease, death.) ny, giving stating the	(A) Cerel DUE TO (B) Qrite DUE TO (C) Q	rel Vascular moscleroteà stluma	Heart Disea	Lo Saus
DISEASES tise la I UN DERLYIN OTHER SIGN TO THE DISEASE OI	nol mean the me, osthenio, etc. It implication which ANTECEDENT COR CONDITION the above cousing CONDITION to the condition of the condition condit	node of d I means the caused d CAUSES IS, if an se (A) s last.	he disease, death.) 17, giving stating the DATRIBUTING ED TO THE			or Noll 208, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise la I UNDERLYIN OTHER SIGN TO THE DISEASE OI 19A-DATE C	nol mean the me, osthenio, etc. It implication which ANTECEDENT COR CONDITION the above cousing CONDITION to the condition of the condition condit	node of d I means II caused d CAUSES NS, if an ise (A) s last. TIONS CO DT RELAT! USING IT. 9B. CONDIVAS PERFO LYING OF	he disease, leath.) ny, giving stating the INTRIBUTING ED TO THE ITION FOR WIRMED	HICH OPERATION		or No) 208, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED
DISEASES rise la I UNDERLYIN OTHER SIGN TO THE DISEASE OI 19A-DATE C 21A, ACCID OR CONTRIE DEATH (noti	nol mean the me, osthenio, etc. It implication which ANTECEDENT COR CONDITION the above cousing CONDITION 1 INFICANT CONDITION OR CONDITION CALOF OPERATION TO THE CONDITION CALOF CA	node of d I means It caused d CAUSES NS, if an ise (A) s last.	ny, giving stating the PATRIBUTING ED TO THE ITION FOR WIRMED	HICH OPERATION LACE OF INJURY(e.g., i form, foctory, street, o	20 A. AUTOPSY? (Yes of nor obout 21 C. WHERE DI INJURY OCCU	or No) 208, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise la I UN DERLYIN OTHER SIGN TO THE DISEASE OI 19A. DATE O 21A. A CCID OR CONTRIE DEATH (noti 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour ai	nol mean the me, osthenio, etc. It implication which ANTECEDENT COR CONDITION the above cousing CONDITION 11 NIFICANT CONDITION CA CONDITION CA CONDITION CA CONDITION CAUSE fy medicol exomine (Month) (Day) Ty that (1) (this has been a cousing the cousing course for the cause for t	node of dimeons the caused discussed	ny, giving stating the DATRIBUTING ED TO THE ITION FOR WINGED 218. Phome, etc.) (Hour) 218. Phome, etc.) (Hour) 218. I While Work attended the alive an	HICH OPERATION LACE OF INJURY (e.g., i form, foctory, street, o NJURY OCCURRED AI Not While At Work deceased from G/14/7 ((We) (did) (did not) NAD. Aftr. Phy	20 A. AUTOPSY? (Yes on or obout 21 C. WHERE Diffice bidg., INJURY OCCU 21 F. HOW DID 22 F. HOW Did 23 F. HOW Did 24 F. HOW Did 25 F. HOW Did 26 F. HOW Did 26 F. HOW Did 27 F. HOW Did 28 F. HOW Did 28 F. HOW Did 29 F. HOW Did 20 F. HOW Did 20 F. HOW DID 21 F. HOW DID 22 F. HOW DID 23 F. HOW DID 24 F. HOW DID 25 F. HOW DID 26 F. HOW DID 26 F. HOW DID 27 F. HOW DID 28 F. HOW	Or No) 208, IF YES, WER IN CERTIFYING CO. (If in Boltim R?) O INJURY OCCUR?	te FINDINGS CONSIDERED CAUSES OF DEATH? Tore City, give exact locotion)
DISEASES rise la I UNDERLYIN OTHER SIGN TO THE DISEASE OI 19A-DATE O 21A-ACCID OR CONTRIE DEATH (noti 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour on	nol mean the me, osthenio, etc. It implication which ANTECEDENT COR CONDITION the above coust GONDITION TO CONDITION CALL CALL CALL CALL CALL CALL CALL CAL	node of dimeons the caused discussed	ny, giving stating the DITION FOR WINDRAMED 218. Phome, etc.) (Hour) 21E. I While Work attended the alive an	HICH OPERATION LACE OF INJURY (e.g., i form, foctory, street, o NJURY OCCURRED AI Not While AI Work deceased from C/14/7 ((We) (did) (did of) M.D. After Phy	20A. AUTOPSY? (Yes on or obout 21C. WHERE Diffice bidgs, INJURY OCCU 21F. HOW DID 19 on on one of the bady after decomposition	Or No) 208. IF YES, WER IN CERTIFYING CO. O INJURY OCCUR? 19	per FINDINGS CONSIDERED CAUSES OF DEATH? fore City, give exact location) 19 19 19 10 123B. DATE SIGNED C//J//

Note that the second se

NAME (Type) Charles S. Springate, M.D.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6/16/71. Woodlawn Cemetery Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Leonard J. Ruck, Inc. Balto. Md. 21214

VS 151 REV. 1/1/68

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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.				
BIRTH NO.	120,100,				
1. NAME OF DECEASED (Type or Print) ADAM DOCKTSZ DROBISZ	2. DATE Known Known Month Doy Yeor Hour OF DEATH Estimated June 12, 1971				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Haur				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June 12, 1973 5:45 P.M.				
6000 Benton Heights	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY				
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
Male White WIDOWED ☐ DIVORCED ☐	Baltimore _{YES} ₺ NO □				
9. DATE OF BIRTH May 10, 1885. 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.	6000 Benton Heights				
11. BIRTHPLACE(State or foreign country) Russia 12. CITIZEN OF WHAT CQUNTRY? RUSSIA	13. FATHER'S NAME ? Drobisz				
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during mastof warking life, even if retired) Retured—— Steel Worker	15. MOTHER'S MAIDEN NAME Unknown				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT ADDRESS				
(Yes, no grunknawn) (If yes, give war ar dates af service) 213-09-3989	Mrs. Olga Drobisz (Same)				
19. CAUSE OF DEA					
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease				
LEADING TO DEATH	CAUSE				
heart follure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:				
inlury or camplication which coused death.)					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:				
(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes ar No)				
	No				
Z2A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.	, in ar about 22C. WHERE DID (If in Boltimore City, give exact lacation) ce bldg., etc.) INJURY OCCUR?				
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?				
	WORK				
	utapsy and that an this basis, deoth in my opinian				
resulted from: Natural causes X Accident Suici	de Hamicide Undetermined manner				
00 0.00	CHIEF MEDICAL EXAMINER DATE SIGNED				
SIGNATURE Cleans, Singalani	D. ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	• ASSOCIATE MEDICAL EXAMINER June 13, 1971				
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY 6/16/71 Moreland Mem	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) norial Cemetery Baltimore, Md.				
25A. DATE REC'D BY-HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
JUN 16 1971 Paber E. Janson, M. D.	Leonard J. Ruck, Inc. Balto. Md. 21214				
VS 151 PEV 1/1/AR	A 7 3 6				

distribution of the language o EXAMPLE AND A PROPERTY OF A PR

1	9-225	71	5735		HEALTH DEPARTMENT	REG. NO.	1 5735
1.1	NAME OF DEC	MARGARI	en endi			ND HOUR OF DEATH	
Lity	pe or Print)	MARGARE	T A	SHCOM	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) A. STATE B. COUNTY D. BALTENORE. C. CITY OR TOWN D. INSIDE CITY LIMITS?		
3.	PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD			
H	JLL NAME OF OSPITAL OR ISTITUTION	OF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET			
	Y	TBQYLAN	10 G	SNERAL	BALTIMORE YES W NO		
-	48		DITAL		E. STREET AND NUMBER 2113 ME ADOW VIEW DR.		
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		
	F	W	WIDOWED	DIVORCED	1-14-85	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
do	LUSUAL OCCU ne during most of w HOUSEWI	rorking life, even it retired]	10B. KIND OF	BUSINESS OR INDUSTRY	MARYLA A		USA
13.	FATHER'S NAM	ΛE	1		14. MOTHER'S MAIDEN NAME		
	Conrad	Erdman			Annie M. Schellinschlager		
15. (Ye	Wes Deceased s, no or unknown)	Ever in U. S. Armed Ford Uf yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			217-16-600	PREVIOUS 0	RECORDS.	
_	18.	-U=(O)		CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH						
3	IThis does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES - COO						
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)						
	1						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						INDINGS CONSIDERED USES OF DEATH?
	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF	21 B, hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID	(if in Boltimore	City, give exoct locotion)
IGH	21D.TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
(APPROX.) While At Not While C							
	22. I certify that (I) (this hospital) attended the deceased from 5 - 24 19 7) to 6 - 15 19 7/						
	that (1) (we) last saw the deceased alive on 6 19 19 1 and that in (my) (aur) apinion death accurred an the date						
	and have and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.						
	23A, SIGNATURE 23B, DATE SIGNED						
	Dovel	los Ino	000		nding Med.	Staff Phys.	6-15-71
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
MICHASL GRASSO M.D. DEGREE MORTLAND. GENERAL HOS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) Burlal Jun. 18.1971 Druid Ridge Cemetery Pikesville Md.							
24/	REMOVAL (S	MATION, 248 DATE	24C.NA	ME of CEMETERY of CRE			y, town, or county) (Stole)
l _p	urial	Jun. 18.1	7/4 D	ruid Ridge	Cemetery I	Pikesville	Md.
			SOUGHANE C	REGISTRAR	25C FUNERAL DIRECTOR HENRY SANDE	R & SONS.I	INC.
VS	150-REV. 1/1/6	8			A Bas timop	Md.	



I. NAME OF DEC	24450			. 5.455	F			V 10
(Type or Print)				2. DATE OF	Known 🖸	Month 6	13	71 5:29 p _M
A PLACE IN RAI	Robert Hi		NOUNCED DEAD	DEATH 3. DATE	Estimoted L	Month	Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)			PRONOU	INCED DEAD	6	13	71 5:29 P _M	
OR INSTITUTION	2729 Winche	ster St		A. STATE Md.	SIDENCE (When		B. COUNTY	residence before admission)
6. SEX male	7. RACE Negro	8. MARRIED	DENEVER MARRIED DIVORCED	C. CITY OR Bal			D. INSIDE CI	TY LIMITS?
9. DATE OF BIRTH	H IO.AGE (I	n yeors If	Under I Yr. II Under 24 Hrs. onths Doys Hours Min.		ND NUMBER 9 Winches	ster St		30 100
	tale or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME liam Hi	11		
14A.USUAL OCCUI	PATION (Give kind of work	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME		
1st. We:		Carr-	Lowry Glass	Del	la Thor	nton		
16. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM				DDRESS
No	(i. yes, give wor or dates	or service,	212-10-615	ß Kati	e I. Hi	11 272	29 Wind	hester Street
19.	2.4		CAUSE OF DEA	TH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not heart follure, injury or com AN DISEASES C RISE TO THE	LEADING TO DEATH of meon the mode of dy, osthenlo, etc. It meons the nplication which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	e disease, oih.)	(B) DUE TO, OR	AUSE AS A CONSEQU AS A CONSEC	***			
DISEASE OR	II IIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINA PART 1 (A)	AL					
OCIZVA, DATE OF	OPERATION 208. CO	NDIIION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTOPSY? (Yes or No)
O								
Z 22A. EXTERI	NAL CAUSE WAS	hos	B.PLACE OF INJURY(e.g., me, farm, foctory, street, ollio	in or obout 2: bldg., etc.)	C. WHERE DID JURY OCCUR?	(il in Baltimor	e City, give exc	ct location)
V 22A. EXTERI UNDERLYING UTING CA 22D. TIME (OF INJURY (APPROX.)	OR CONTRIB-	r) (Hour)	22E.INJURY OCCURRED WHILE AT NOT	e bldg., etc.) II	2C. WHERE DID NJURY OCCUR? 2F. HOW DID II			ct location)
22A. EXTERI UNDERLYING UTING CAPROX.) 23. 1 certi	EMOR CONTRIB- USE OF DEATH. (Month) (Doy) (Yea Ify that I held on I ted from: Notural control ted	(Hour) m.	22E.INJURY OCCURRED WHILE AT NOT AT W Inspection XX Au	WHILE ORK HOPSY	UURY OCCUR?	this basis, Undetermin	JR?	opinion
Z2A. EXTERI UNDERLYING UTING □ CAI Z2D. TIME (OF INJURY (APPROX.) 23. I certi result ACTUAL SIGNATU EXAMINI NAME (T	URE LER'S Peter I	Inquiry Uxsey XX	22E INJURY OCCURRED WHILE AT NOT AT W Inspection X Au Accident Suicid	WHILE 2: WHILE 2: WHILE 10: WHILE 2: WHILE 10: WHILE 2: WHILE 2: WHILE 2: WHILE 2: WHILE 2: WHILE 3: WHILE 3	and that on micide CHIEF MEDICAL CIATE MEDICAL CIATE MEDICAL	this basis, Undetermine EXAMINER EXAMINER EXAMINER	death in my ned manner []	opinion DATE SIGNED 6/14/71
22A. EXTERI UNDERLYING UTING CAPROX.) 23. I certi result	URE ER'S Peter Ify MATION, CONTRIB- USE OF DEATH. (Month) (Doy) (Year (Month) (Month) (Doy) (Year (Month) (Mo	Inquiry Uxsep XX	WHILE AT NOT AT WAS Accident Suicident M.D.	WHILE 21 TOPSY 10 ASSIS ASSO OF CREMATO	and that on micide CHIEF MEDICAL CIATE MEDICAL RY 24D	this basis, Undetermine EXAMINER EXAMINER	death in my ned manner [opinion

mare i sales too' and placemandering ot 30-67-60

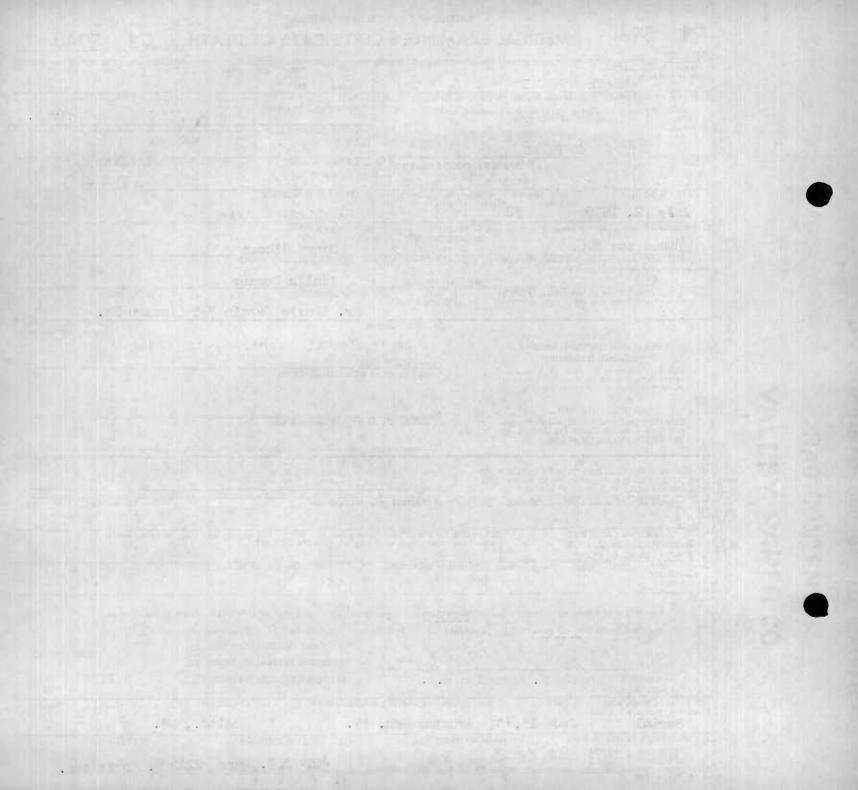
11-23		IEDICAL	BALTIMORE CITY HE	CERTIFICATE OF DEATH REG. NO.	38
1. NAME OF DE (Type or Print)				2. DATE Known A Month Day Year	100r 11:40 a _m
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			RONOUNCED DEAD		11:40 a _M
Lutheran Hospital			oital	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before A. STATE Md.	06
male	7. RACE Negro	WIDOV		C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES X NO	
9-16-0	9. DATE OF BIRTH 9-16-07 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		Months Doys Hours Min.	E. STREET AND NUMBER 2823 Riggs Avenue 13. FATHER'S NAME	
14A.USUAL OCC	Md .	work[148, KIND	WHATICOUNTRY?	15. MOTHER'S MAIDEN NAME	
I6. WAS DECEA	working life, even if rel SED EVER IN U.S. Al n)(it yes, give wor or	RMED FORCES	S? II7. SOCIAL	Carrie Mason 18. INFORMANT ADDRESS Coryetha Mason same	
(This does heart folius injury or co DISEASES RISE TO TI UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode e, osthenia, etc. it mee mplication which caus ANTECEDENT CAUSI OR CONDITIONS, I HE ABOVE CAUSE (A ING CONDITION L II NIFICANT CONDITION	of dying, e.g., and the disease, ed death.) ES F ANY, GIVING 1) STATING THE AST. NS CONTRIBU	(A) IMMEDIATE DUE TO, OR (8) DUE TO, OR (C) TING	rteriosclerotic eardiovascular disea. AUSE US A CONSEQUENCE OF: AS A CONSEQUENCE OF:	se
DISEASE C	EATH BUT NOT RELATION CONDITION GIVEN DF OPERATION 208.	IIN PART 1 (A)	FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPS 10. NO or obout 22C. WHERE DID (if in Baltimare City, give exact location)	Y? (Yes or No)
UNDERLYIN	G OR CONTRIB- AUSE OF DEATH. (Month) (Doy)	(Year) (Hou	r) 22E.SNJURY OCCURRED WHILE AT NO	22F. HOW DID INJURY OCCUR? WHILE ORK	
1 ce resu ACTUA SIGNA EXAMI NAME	TURE	er Lip	Accident Suici	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER & 6	ATE SIGNED /14/71
24A. BURIAL CR REMOVAL (Spe Burial 25A. DATE REC'	cify)	18-71	Mt. Calve	ry Cem. Baltimore, Md.	(State)
JUN J	. 6 13/1 US	260 - 4	The state of the s	Kelson F.H. 1348 Calhoun S	creet

ne another the comment was a few managements non

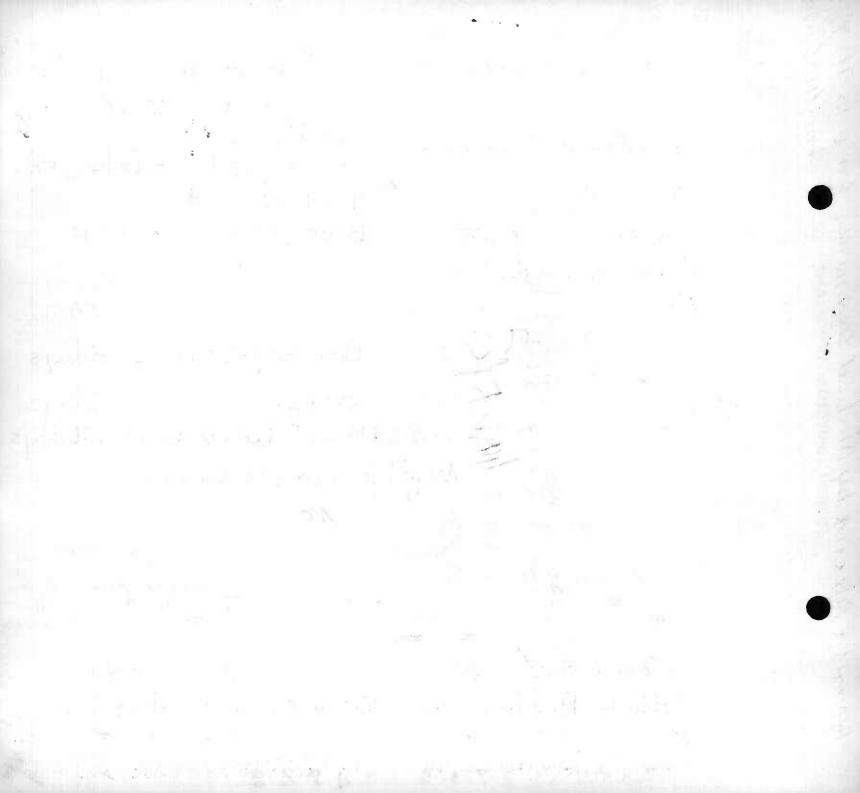
BIRTH NO.	-01904	JICAL E	XAMINER'S	ERTIFICA	ATE OF I	DEATH	REG. NO	1 5	739
(Type or Print)				2. DATE		Month 6	Doy 14	Year 71	7:55 a. _M
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT ADDRESS OR LOCA			3. DATE PRONOUNC	ED DEAD	Month 6	Doy 14	Year 71	7:55 a
OR INSTITUTION	3833 Rolai	nd View	Avenue	S. USUAL RESID A. STATE Md.	ENCE (Where d	eceased live	d. If Institutions	residence b	efore admission)
6. SEX male	7. RACE Negro	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	c. city or to			D. INSIDE CIT		vo 🗆
				E. STREET AND 3833 E	NUMBER Roland Vi	ew Av		2.4	ю Ш
	Maryland		WHAT COUNTRYS A		on Beck				
4A.USUAL OCCUP lone during most of we NON	ATION (Give kind at work prking life, even if relired)	148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S Feri.					
4. WAS DECEASE Yes, no or unknown)	D EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO. 110 110	18. INFORMAN Feril	Beckfo	rd	AD Same	DRESS	
DISEASES O RISE TO THE UNDERLYING	TECEDENT CAUSES R CONDITIONS, IF ANY ABOVE CAUSE (A) STA G CONDITION LAST.	ONTRIBITING	(c)	AS A CONSEQUE	NCE OF:				
OTHER SIGNI	THE BUT NOT BELATED TO	THE TERMINAL							
TO THE DEAT DISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINAL	WHICH OPERATION WA	S PERFORMED					SY? (Yes or No) yes
22A. EXTERN UNDERLYING	IH BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COI	THE TERMINAL ART 1 (A). NOTION FOR 228. home r) (Hour) 2	PLACE OF INJURY (e.g., form, factory, street, office	n or obout 22C. INJUR	WHERE DID (# I IY OCCUR? HOWDID INJUI				
22A. EXTERN UNDERLYING UTING CAU 22D. TIME (A OF INJURY (APPROX.) 23. \$ certifi resulte ACTUAL SIGNATUR EXAMINER	IN BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COI OPERATION 20B. COI OPERATION 20B. COI OPERATION (Doy) (Year of the first section of the first	THE TERMINAL ART 1 (A). NOITION FOR 228. home r) (Hour) 2 m.	WHICH OPERATION WAR	n or obout 22C. I bidg., etc.) INJUI	HOWDID INJUI	basis, determine	eath in my o	location)	
22A. EXTERN UNDERLYING UNDERLYING COUNTY (APPROX.) 23. I certifi resulte ACTUAL SIGNATUR	IN BUT NOT RELATED TO CONDITION GIVEN IN P. OPERATION 20B. COI	r) (Hour) 228. home	WHICH OPERATION WAR	m or obout 22C. Industrial bidg., etc.) INJUR 22F. Industrial control of the con	nd that on this ide Un F MEDICAL EXA	basis, determine MINER [MINER E MINER	eath in my o	pinion	PATE SIGNED 6/14/71 (Stote)

. T. Dollar

71 574U MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 1 5740
BIRTH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
MARIE HARVIN	OF DEATH Estimoled M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD June 10, 1971 2:10 P.M.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY
UTHERAN HOSPITAL	Maryland /608
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO 🗆
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs	E. STREET AND NUMBER
July 12, 1919 last birthday) 52 Manths Days Hours Min.	735 Linnard Street
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Summerton S.C. WHAT COUNTRY?	Henry Gibson
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during mast of working life, even if retired) A1d Ningsing home	Tdollo Demon
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Idella Downey 18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	
19. CAUSE OF DEA	Mr. Lonzie Harvin 735 Linnard St.
77 × 17	BETWEEN ONSET AND DEATH
	osclerotic cardiovascular disease
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)IMMEDIATE (DUE TO OR	
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
migry of compression which course security	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Dox) (Year) (Hour) (22E INLUEY OCCUPPED	te bidg., etc.) INJURY OCCUR?
	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NO	WHILE
23.	YORK LJ
I certify that I held an Inquiry Inspection A	tapsy ond that on this basis, death in my apinion
resulted fram: Natural causes X Accident - Sylci	
1 1 2 1 1 1	CHIEF MEDICAL EXAMINER
ACTUAL / Led ////	DATE SIGNED
SIGNATURE M. M. M. M. M. M. D. M. M. M. D. M.	
NAME (Type)	ASSOCIATE MEDICAL EXAMINER 6/11/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burbal June 15, 71 Arbutus Men.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
	25C. FUNERAL DIRECTOR ADDRESS
JUN 16 1971 Called E. Farber, Ma	Joseph L. Russ 2222 W. North Ave.
VC 151 BEV 3/1/40	

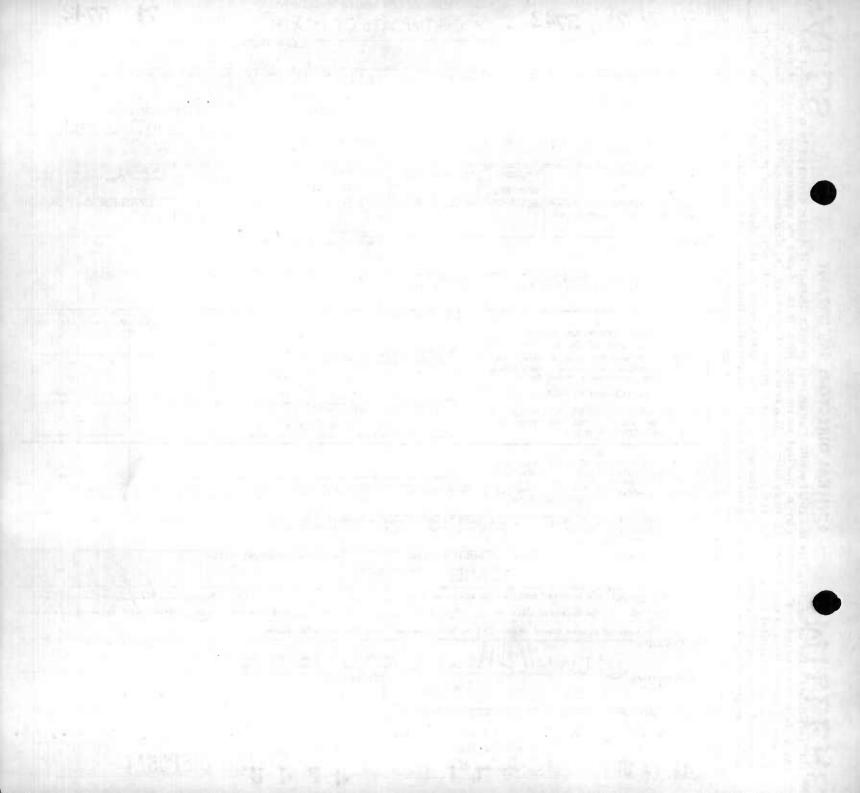


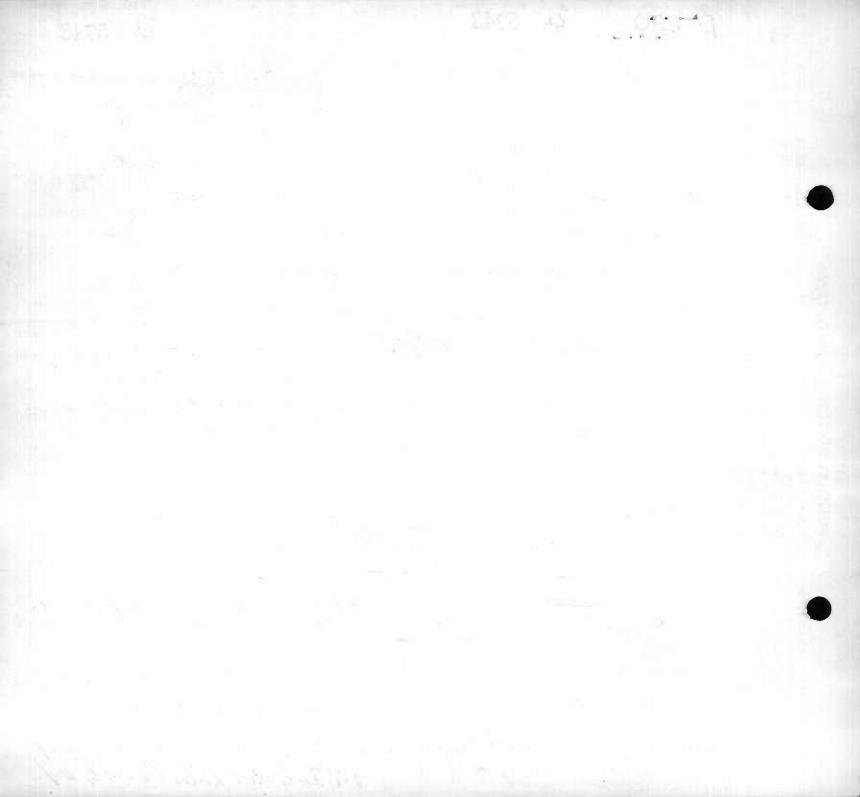
2 1	BALTIMORE CITY HEALTH DEPARTMENT CED TIEICATE OF DEATH REG. NO. 71 5741
المُومَعُومُ اللهُ	BIRTH NO. 1 574 CATION CERTIFICATE OF DEATH
Such as a standard such as a sta	I. NAME OF DECEASED [Type or Print]
- G=	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. It institution: residence belore admission)
V As a constant	A. STATE 8. COUNTY O Y
2 4 2 2 B B	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
de Bing	Union Memorial Hospital E. STREET AND INUMBER
2 Jest de	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., if Under 24 His.
B S B B F F F B B B E	SEX 6. RACE NEVER MARRIED NEVE
th con is a noise on is	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or or nder in dec	None NONE Balt, Md. USA
if dea oct or t) Und was i	13. FATHER'S MAIDEN NAME
NT dire	John E. Howard, JR. SUSANNE BERRY
A + 0 = 0 0	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor er dotes of service) 16. SOCIAL 17. INFORMANT SECURITY NO.
ORT Sississ	NO DIS-60-7305 JOHNE, HOWARDJR. (SAME)
o si ca po	DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MIN HAIS	LEADING TO DEATH
2	heart foiture, asthenia, etc. it means the disease,
OR OR	ANTECEDENT CAUSES SEPSIS 5 days
A free	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF A
3 (3) × a a a a a a a a a a a a a a a a a a	underlying condition last. (c) 65902 + 310 Degree Burns 56 days
DI DI Cal	
AL AL	other significant conditions contributing Negative Nitrogen Balance
A SE	USEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
N the Book the	No Months of the state of the s
2 m the second	OR CONTRIBUTING AND
A NAN WAS	While the truleaung we
S patens	S OF INJURY
John Von Wind	22. I certify that (this hospital) attended the deceased from 4-19
2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	that (1) and that In (my) con opinion death occurred on the date
sed to sed to sed to sed to sed this sed this seath)	and haur and fram the causes stated abave. (1) (a) (did) (a) view the body after death.
ust be eased ident hospit deat	23A. SIGNATURE 23B. DATE SIGNED
	Jam Clustin M. Degree Phys. Broken Shoff Shoff 6-14-71
icate was r An a An a prior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
App North ertificate mindy was related in (1) An acci in (2) An acci in (3) An acci in (3) An acci in a partor to	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Hop M. certificat body was ws: (1) An s D.O.A. at eased price then appro	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 6-17-197 1 St. Thomas' Garrison Forest, Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR & Sons Co., Md. 21212
This the shoot was	
	VS 150-REV, 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(101) nd made		HEALTH DEPARTMENT	X	71 5742
9-600 71 5742	CERTIFICA	TE OF DEATH	REG. NO	12 0/10
Type of Print BABY BOY GRAY		2. DATE A	ND HOUR OF DEATH	1 100
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	DUNCED DEAD	A. STATE B. COU	ere deceased lived. If i	institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		MARYLAND c. CITY OR TOWN	A . A .	5 2 0 0 side CITY LIMITS?
7 4		CHURCHTON		YES NO "
THE JOHNS HOPKINS HOS	SPITAL	E. STREET AND NUMBER		
S. SEX 6. RACE 7- MARRIED WIDOWED	THE LEW HOUSENED TO	8. DATE OF BIRTH 6-11-71	9. AGE (In years lost birthdoy)	If Under 1 1/6. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Odeno during most of working life, even if refired)	ham)	Johns Hopki Baltimore,	ns Hospita	al 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
		MARJOR	IE GRAY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.	(A) IMMEDIATE CAL	PULMONARY USE & S A CONSEQUENCE OF:	HELMOR	2RHA SETWEEN ONSET AND DEATH HR SANCE
heart failure, aethenia, etc. It means the disease Injury or complication which caused death.) ANTECEDENT CAUSES	1 4/3	-166/11 // 6		10///
DISEASES OR CONDITIONS, if any, giving the lo the above cause (A) staling the UNDERLYING CONDITION lest.	DUE TO, OR AS	DISTRESS A CONSEQUENCE OF: EMATURI	TY	18/10/91
	(0,			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or N	all 202 is ver were	LEINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OFEIGHOR	YES	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., ime, form, foctory, street, o	fice bldg. INJURY OCCURT	(if in Boltime	ore City, give exact location)
DEATH inotify medical examined of 21D-TIME (Month) (Doy) (Year) (Hous 21 W	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	Thile At Whi	· 🗆 ,		A /
22. I certify that (W (this hospital) attended	the deceased from	6/11	19 7/ 10	6/12 19 7/
that (1) (we) last saw the deceased alive on.	6/12	197/ond t	hot in (my) (our) or	pinion dooth occurred on the date
ond hour and from the causes stated above.	(1) (We) (did) (did met)	view the body after death.		
23A. SIGNATURE	I Lew MD AM		Shoff Phys.	23B. DATE SIGNED /7/
JAMES ALLEN	DEGREE	THE JOHNS	S HOPKINS	HOSPITAL
REMOVAL (Specify)	NAME of CEMETERY of CR	EMATORY 24D.	Ol N Broa	City, town, or county) (Stote) dway Balto., Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	18	ADDRESS
VS 150-REV. 17/88	Sens M. A. O. O.	HUSP.	ITAL DISI	PUSAL





10	, = ,		BALTIMORE CITY	HEALTH DEPARTMEN	IT ,	-1-1
BIRTH NO.	DECEASED 71	5744	CERTIFICA	TE OF DEAT		5744
(Type or Print		6	CAMSO	2. DA	AND HOUR OF DEATH	11.50 8
FULL NAMI	E OF (IF NOT IN HOSE) R ADDRESS OR LO	UTITIZAL OR JATIN		4. USUAL RESIDENCE A. STATE B. S	IWhere deceased lived, If	institution: residence before admission
HOSPITAL C INSTITUTION	· Haco	CAIION/	Roots	C. CITY OR TOWN E. STREET AND NUMBER	IRRE	SIDE CITY LIMITS? YES NO
Jui	an iles		13600	110 SH	ERWOO!) AUE
	IALE WHITE	WIDOWED		JUNE 17, 191	9. AGE (In years lost birthday) 1 59	If Under 1 Yr. If Under 24 Hrs Menths Days Hours Min.
HOU	OCCUPATION (Give kind of working life, even if retired ISEWIFE	n j	BUSINESS OR INDUSTRY HOME		r foreign country) RE MARYLAND	USA
	OB ROSENGARDEN			14. MOTHER'S MAIDEN		1 0011
15. Was Dece (Yes, no or unk	resed Ever in U. S. Armed I nowni (If yes, give wer or de	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				MR. SAMUEL GO	RMAN. 110 SHE	RWOOD AVE. #21208
(This do	SEASE OR CONDITION E LEADING TO DEATH	H of dving, e.g.,	(A) IMMEDIATE CAU	AP.172	IN FARE	APPROXIMATE INTERVAL STAL MIN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NIM MIN MIN MIN MIN MIN MIN MI
DISEASE	lure, asthenia, etc. It mean camplication which cause ANTECEDENT CAUSI S OR CONDITIONS, if the above cause (A.YING CONDITION last.	ed deoth.) ES any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Aderosco	ordin YESRS.
E ITO THE	II GNIFICANT CONDITIONS C DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	THE TERMINAL	(V/2002000000000000000000000000000000000			
	E OF OPERATION 198 CO	NOTION FOR WE	HICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	DIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined	21 B. P. home, etc.)	LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DI	D (If in Bellime	re City, give exact location)
21D. TIMI OF INJUI (APPROXI	RY	Hour 21E I White Work	At Work		INJURY OCCUR?	,
	tify that (I) (this haspite (we) lost sow the decease		deceased from To	19) on		Inton death occurred on the date
ond hour	rand from the causes st	oted above. (1)	Atter	lew the body after dec		23B, DATE SIGNED
1/8	COME	Coli	TE MY	SON ADDRESS	(40SP)	CF BALTO,
REMOY, BUR	CREMATION, 248. DATE AL (Specify) IAL 6-15-7:		AE of CEMETERY of CRE			ity, town, or countyl IState
	1 R O-13-7.	25B NAME OF	W FRIENDSHIP	25C. FUNERAL DIREC		ADDRESS O REISTERSTOWN ROAL
'S 150-REV.	1/1/68	7 / / /				

shows: (1) the body

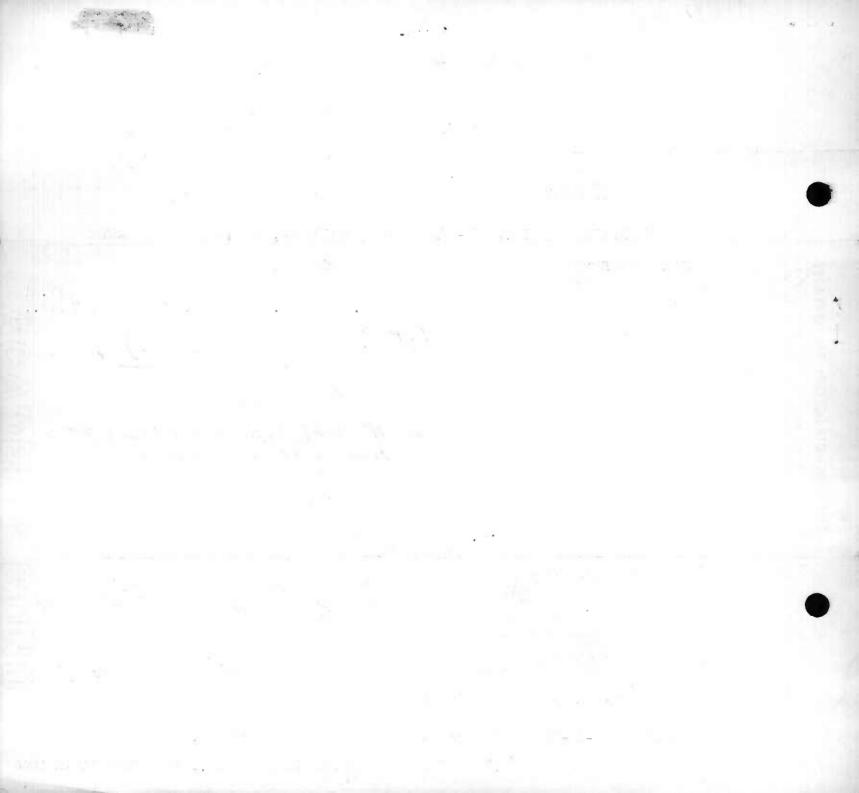
and

of death

Such

BALTIMORE CIT	Y HEALTH DEPARTMENT	
	ATE OF DEATH REG. NO	5745
T.NAME OF DECEASED (Type or Print) HARRY GOLDSMITH	2. DATE AND HOUR OF DEATH	H () (-)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If	institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION WALLEY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	JYAKYLAND	SIDE CITY LIMITS?
42	E. STREET AND NUMBER	YES NO .
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	1 10 11 1 1 2 1 1 1 1
ALE WHITE WIDOWED DIVORCED DIV	6-1-90 last birthday) 81	Months Doys Hours Min.
REPRESENTATIVE EACTORY - CLOTHING	BALTIMORE, MARYLAND	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JACOB GOLDSMITH	IOSA ?	gree.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS APT. A1
NO GAUSE OF DEAL	MR. ROBERT H. GOLDSMITH, 6	115 BERKELEY AVE.,
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	1) Carbegue protos	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED		FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	n or obout 21C. WHERE DID (If In Boltimo	re City, give exact location)
21D. TIME (Month) (Day) (Year) (How) 21E. INJURY OCCURRED White At Work At Work	21F. HOW DID INJURY OCCUR?	FASO
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on	ME (a 19 7/ to // 19 7/ and that in(my) (our) opl	NE 19/
and hour and from the causes stated above. (1) (We) (did) (did not) v		mon death occorred on the dote
23A. SIGNATURE Allean Attended	nding Med. Stoff 102	23B. DATE SIGNED
22C PUYSICIANIS	23D. ADDRESS	1 4 7 //
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, fown, or county) (State)

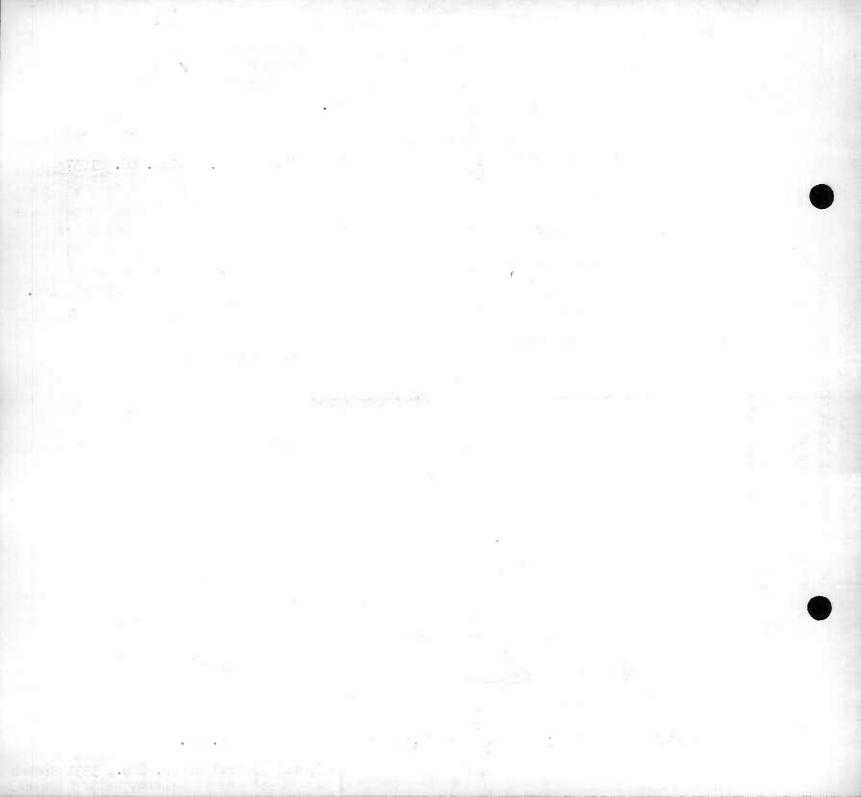
6 - 15 - 71OHEB SHALOM BALTIMORE, MARYXLAND BURIAL 25A. DATE REC'D BY HEALTH SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68



VS 151-REV. 1/1/6B

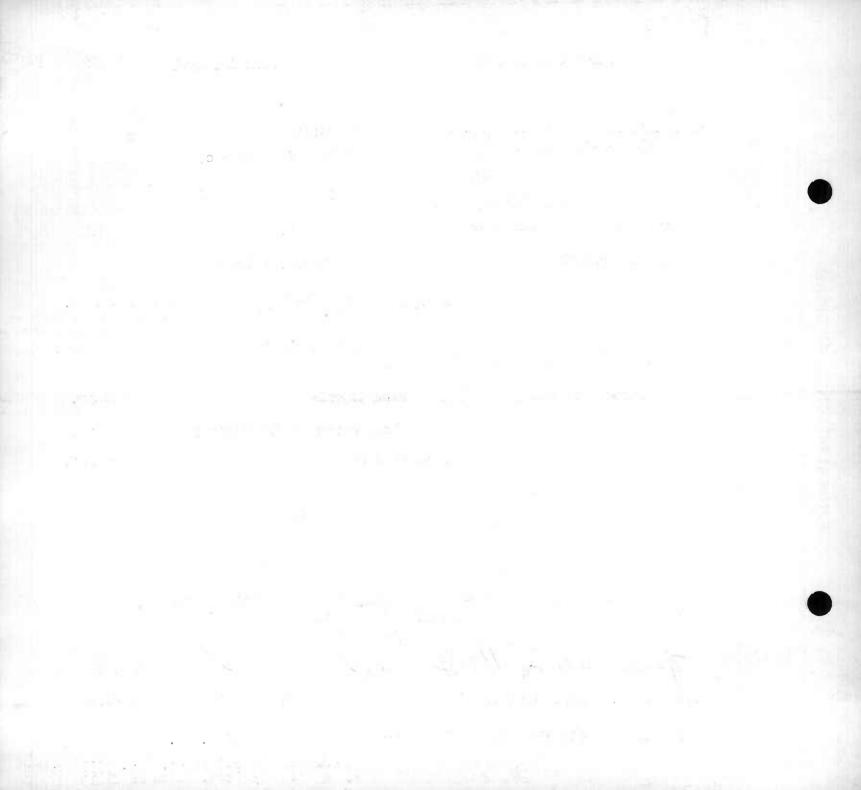
Allegan and a second THE REAL PROPERTY. A - New York - E. St. Del Day 1. (SA) I SAN I SAN IN the sales are the second along the trick of GEE AND ANY LEWIS DOWN THE STATE OF

a col mid ormania	BALTIMORE CITY	HEALTH DEPARTMENT	ry.	1 == 47
B-634 71 5747	CERTIFICA	TE OF DEATH	REG. NO,	5747
I.NAME OF DECEASED				
(Type of Print) BARTHOLOW MR.	JOSEPH (2. DATE	AND HOUR OF DEATH	PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If ins	titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TION, GIVE STREET	Md. Ba	7 7 7 7	5300
CHURCH HOME AND	HOSPITAL	BALTIMO	IRE.	YES NO [
35 BALTIMORE -		E. STREET AND NUMBER		o. Md. 21237
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In yours	
WIDOWED [DIVORCED	10-17-09	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
TOW MOTOR OPERATOR		BALTIMOR	E	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
MARRY DAR THOLO	W	KATHERING	E BONA,	4UE
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war at dotes of service)	SECURITY NO.	17- INFORMANT	Partie	1800 BILLIAM
yes WW II	213-05-5521		LXKIHOLOG	well.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
LEADING TO DEATH	ANNUEDIATE CAU	SE BRONCHOU	ENIL GOP	(ACM)
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:	CIVIC WIKE	1
ANTECEDENT CAUSES	AGNODO	DARM NE		
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Toreste	and Reguil	y falue.	844Maana (480 oo
19A DATE OF OPERATION 19B CONDITION FOR WWAS PERFORMED WAS PERFORMED CEN	12 .	20A. AUTOPSY? (Yes ou	No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If In Boltimare	City, give exoct location)
DEATH (notify medical examined)				
(APPROX) While		21 F. HOW DID II	NJURY OCCUR?	
22. I certify that (I) (this hospital) attended the		4-26-71	19 to 6	-//-2/
that (i) (we) lost saw the deceased olive on	6-11-71	7	me ! / areassans : 4	an deoth occurred on the date
and hour and from the causes stated above. (1)	(We) (did) (did not) vi			ordered off the duty
23A. SIGNATURE				23B. DATE SIGNED
I subamanny	DEGREE Phys.	ding Med.	Staff Phys.	6/1/
23C. PHYSICIAN'S NAME (Type) T. SREE RAMAMURT		CHURCH MO		PITAL ?
7 4100 (11710)(17	DEGREE ME of CEMETERY OF CRE	Choken		town, or county) (Stote)
	Lawn Cemeter		Balto. Md.	(31018)
25A. DATE REC'D BY HEALTH DEPT. 258, NAMESOF		25C. FUNERAL DIRECTO	PR	ADDRESS
JUN 16 1971 Paseus E. Jansey	244	Schimunek	Funeral Homes	, Inc., 3331 Brehms



FUNERAL

RGB



EGH	7.00.5	BIRTH NO. 71 5749 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 5749
	of deat Decease e on th	T. NAME OF DECEASED (Type or Print) BENNETT, ELAINE AUDREY 2. DATE AND HOUR OF DEATH JUNE 12, 1971 5:15A.
	hosi use : (5) danc dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) G. CITY OR TOWN 14. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
	d ing	ST AGNES HOSPITAL WXXXXXXXXXXX ELKRIDGE YES NO [X] E. STREET AND NUMBER 5960 AUGUSTINE AVENUE 21227
	occurre ontribut ermine regular regular is made	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) 8. DATE OF BIRTH 9. AGE (in years last birthday) 1. Months Days 1. Months Days Months Months Days Months M
	or condets in dece	done during most of working life, even if retired) HOUSEWIFE HOMEMAKER MASSACHUSETTS 12. CITIZEN OF WHAT COUNTRY? U. S. A.
N	÷ 5€. 3 + 3 ds	CYRIL VALCOURT ROSE LISOWSKI
IMPORTANI	y k d d d d d d	NO 208283562 ST. AGNES HOSPITAL-WILKENS & CATON AVE
IMP	Also, ire of an nounced attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head follows as the disease of t
OR:	miner. fractur o pror gular embal	head failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: M = TAS TASIS TO LIVEN + Spleen.
DIRECTOR:	af exan (3) A an wh in re	DISEASES OR CONDITIONS, if any, giving sise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: Of the stomach (C) + 3 knewelized (Exito in this
	ef medical medical dy burns; ((physician cian was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERAL	chi Bo th th ysi	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 199B. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In or about 21C., WHERE DID home, lorm, factory, sheet, office bidg., INJURY OCCUR? (If In Baltimara City, give exact location)
	by the pital ure; (when No do bef	DEATH (notify medical examiner) etc.) O 21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	pro the ny exc an	While At Nat While Company Not
	of o	that X(X (we) last saw the deceased alive on JUNE 12, 19 71 and that in (A) (our) opinion death occurred an the date and hour and from the causes stated above. (() (We) (did) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	ed ide	23A. SIGNATURE Attending Med. Director Staff 23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. D 23D. ADDRESS
	was was A. at pric	NAME (Type) ALEJAND BO LYELL TO DEGREE SH. HS Set Lel 1 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stote)
	This certi the body shows: (1 was D.O. deceased written a	Burial 6-15-197 Meadowridge Cemetery Washington Blvd. Howard Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 25R NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	+ = v ≥ v ≥ +	VS 150-REV. 1/1/68 Howard H. Hubbard, 4107 Wilkens Ave. 21229

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Maria 1971

	TY HEALTH DEPARTMENT /1 5751
BIRTH NO.	ATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
FEENEY, CORDELIA ELIZABETH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ST. AGNES HOSPITAL	MARYLAND BALTIMORE 5300
CATON & WLLKENS AVENUE BALTIMORE MARYLAND 21229	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	6 PAYSON AVENUE 21228 8. DATE OF BIRTH 9. AGE (In yours II Under 1 Yr. , If Under 24 Hrs.
FEMALE WHITE WIDOWED DIVORCED	101 17 86 lost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN BAER	MARGARET BUETTNER
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17 INFORMATION
	ST. AGNES HOSPITAL RECORDS CATON &
NO CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	JUSE LOWER G. I. Bieeding 5 days
(This doce not mean the made of drive a - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	able CA. of CoLON
(B) ROO	S A CONSEQUENCE OF:
rise to the above cause IA) stating the	3 A CONSEGUENCE OF:
UNDERCTING CONDITION last, (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I TO THE TERMINAL TH	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121R. PLACE OF INJURY (6.0.)	20A- AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, of the contribution of the co	in or about 21C, WHERE DID /// In Rollinger City, also asset to all and
	DIE HOW AID WHEN A COUR
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that ((this hospital) attended the deceased from	JUNE 11 19 71 to JUNE 13 1971
thotXIX(we) lost sow the deceased olive on JUNE 13	ond that in (%) (our) opinion death occurred on the date
and hour and from the couses stated above, (X) (We) (did) (a)(a)(a)(a)	Willy the body after death.
	Vending Med. Staff Director Phys. 95.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS A So on Htts
DEGREE	
REMOVAL (Specily)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	etery Washington Blvd. Howard Co., Md. 25C. FUNERAL DIRECTOR ADDRESS
JOH 16 1941 Consent E. James M. B.	Howard H. Hubbard, 4107 Wilkens Ave, 21229

THE RULE OF STATE OF THE PARTY OF THE PARTY OF THE National Contract of the Contr

VS 151-REV. 1/1/68

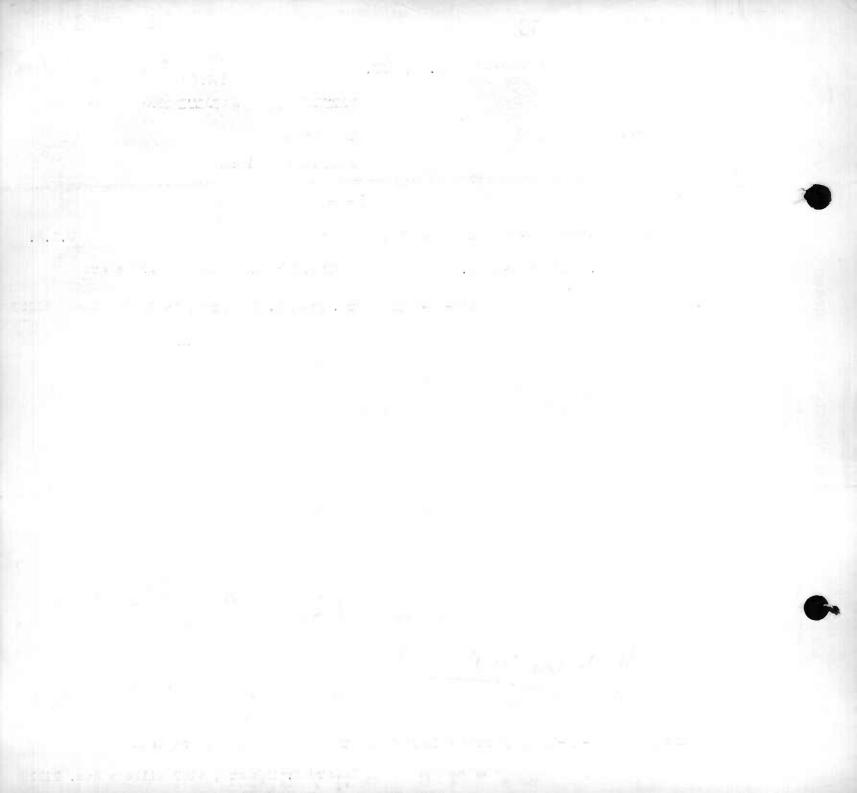
Howard H. Hubbard, 4107 Wilkens Ave. 21229

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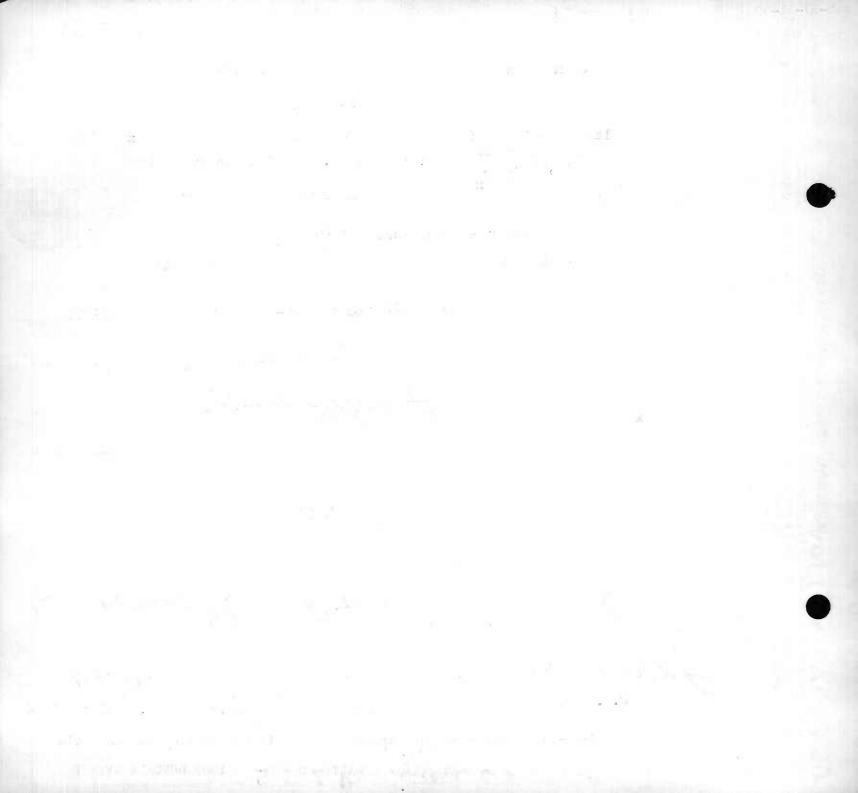
IMPORTANT

DIRECTOR:

FUNERAL



5754	BALTIMORE CITY	HEALTH DEPARTMENT		
) / U x	CERTIFICA	TE OF DEATH	REG. NO	71 5754
Juan Dean	à	9:30) Am	16/14/7/
ARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence belove admission)
OT IN HOSPITAL OR INSTIT RESS OR LOCATION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN		SIDE CITY LIMITS?
		Baltimore		YES NO
	ו/ ניני דני		Street	21202
WIDOWED	DIVORCED	5-23-1940	21	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
even if refired)		C	gn country)	12. CITIZEN OF WHAT COUNTRY?
Manuel Dean			Manuel	a
S. Anned Forces? re wor ar dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	112-40-5177	Records: BCH-4940	O Eastern A	venue 21224
which caused death.) NT CAUSES TIONS, if any, giving cause (A) stoling the ON last. DITIONS CONTRIBUTING RELATED TO THE TERMINAL SIVEN IN PART 1 (A).	(c)	ngul sex	rsis.	
WAS PERFORMED		20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ominer) etc.)				o City, give exect location)
Whil	Not While			
		Une 6 19	10 to 11	ine 14 197/
		una thai	In(my) (aur) apl	nian death accurred an the date
causes stated above. (1)	(We) (did) (did nat) v	ew the bady after death.		DAR DARK CICALO
mo m	DEGREE Phys	Director L P	taff hys.	23R DATE SIGNED 6/14/7/
		Baltin	_	
	ME of CEMETERY at CRE	MATORY 24D. LO	CATION (Ci	ty, town, or county) (Slote)
	BUILDING CHILDREN		a y Puerto	
	VanBan M. D.		KI 1005 DUI	ADDRESS NDALK AVENUE
	COT IN HOSMITAL OR INSTITUTESS OR LOCATION) CIMOTE City Hose Cimote City Hose Cimote Maryland The Marked WIDOWED Cive kind of work 10E KIND OF Even if retired Tio Pe Manuel Dean S. Armed Forces? We wor or doles of service) INDITION DIRECTLY TO DEATH The made of dying, e.g., City I means the disease, Which caused death, INT CAUSES ITIONS, if any, giving Cause (A) stoling the ION lost IDITIONS CONTRIBUTING RELATED TO THE TERMINAL GIVEN IN PART 1 (A). N 198 CONDITION FOR W WAS PERFORMED NDERLYING 21E. AUSE OF Comlined Cloy) (Yeor) (Hour) Whis hospital) attended the the deceased alive an Causes stated abave. (I) Wands 4E. DATE 6-23-71 Part DEPT. 25E NAME O	CERTIFICA Juan Dean MARYLAND, WHERE PRONOUNCED DEAD OT IN HOSPITAL OR INSTITUTION, GIVE STREET RESS OR LOCATION) Limore City Hospitals DEASTERN Avenue Limore Maryland 7. MARRIED NEVER MARRIED NOVER MARRIED	Tuan Dean Juan Dean AARTLAND, WHERE PRONOUNCED DEAD OT IN HOSPITAL OR INSTITUTION, GIVE STREET RESS OR LOCATION) Limore City Hospitals Eastern Avenue Jestern Avenue Je	CERTIFICATE OF DEATH Continue



FUNERAL DIRECTOR: IMPORTANT

H-400 71 575	BALTIMORE CITY	HEALTH DEPARTMENT	71 5755
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	0700, 1.
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	570
3. PLACE IN BALTIMORE, MARYLAND, WH		4/12/71	5 A
S. FLACE IN BALLIMORE, MARILAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II in	nstitution; residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATINSTITUTION	L OR INSTITUTION, GIVE STREET	md Plince George	5 6600
INSTITUTION		C. CITY OR TOWN D. INS	IDE CITY LIMITS?
3821.	744	BELTEVILLE E. STREET AND NUMBER	YES NO NO
30 UNIVERSITY HOS	PITTE		7
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
	WIDOWED DIVORCED	O/ / lost birthdoy	Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work)		11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUN
done during most of working life, even if retired)		marine a ma	USA
3. FATHER'S NAME		MONT GOMERY Co, Md	6.5
5. Was Deceased Ever in U. S. Armed Force	s? 1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (II yes, give wor ar dotes	of service) SECURITY NO.		ADDRESS
18.	216 14 0383 CAUSE OF DEAT		
7.7.7.	/ /	1	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECT		SERVE Lider Barrell	1 220
(This does not mean the mode of d	ying, e.g., (A) IMMEDIATE CAU	ISE STRANGULATED Bows	1 22 Lay
heart failure, osthenia, etc. It means the injury or complication which caused de		TOTAL GENERAL OF	
ANTECEDENT CAUSES		hand by	
DISEASES OR CONDITIONS, if on	v. giving DUE 10. OR AS	phometre Leukemia	
rise to the above cause (A) s UNDERLYING CONDITION last,		mon T.B	
ONDERENNO CONDITION last.	(c)		
OTHER SIGNIFICANT CONDITIONS CONT	PIRITING	0	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL	CENAL Failure	14 day
119A. DATE OF OPERATION 1198 CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE	FINDINGS CONSIDERED
5/20/7/ WAS PERFO	POOR	NO IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, form, toctory, street, aff	or obout 21 C. WHERE DID (If in Boltimor	e City, give exoci locotion)
DEATH (notify medical examiner)	elc.)	NO SIGNATURE OF COR.	
21D.TIME (Month) (Doy) (Year) (21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While	· 🗆 📗	
22. I certify that (1) (this hospital) o			
that (I) (we) last sow the deceased			INC 12 197/
		19and that In (my) (our) apl	nion death occurred an the d
and hour and ram the causes stated	above. (i) (me) (did) (did nat) v		lone DATE (IGA:
1. XY / Wylesta	Ala Ala	nding Med. Staff	23B, DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	Med. Shaff Director Phys. 23D. ADDRESS	JUNE 12, 1971
23C. PHYSICIAM'S NAME (Type)	1 1	(1 01-
SON GE	DEGREE	University of ma L	top Dellemor
REMOVAL (Specily)	24C. NAME OF CEMETERY OF CRE	1 1 10 10 1	ly, town, or county) (Stote)
Durial 6-17-71	Queen Chapel	Cem. Muirkirk	Md.
	B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS / 11
JUN 17 1971 P	West E, Jaben M.D.	tonge K browde	w Kockvell
S 150-REV. 1/1/68		or promac	u / 1001000

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IMPORTANT

DIRECTOR:

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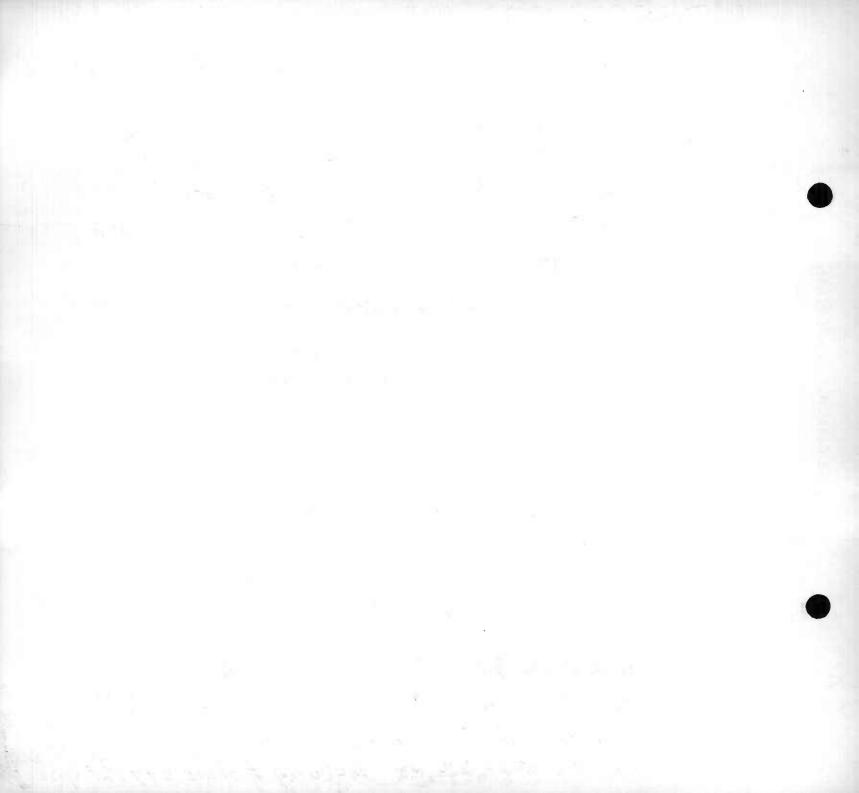
ADDRESS

Above

APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH

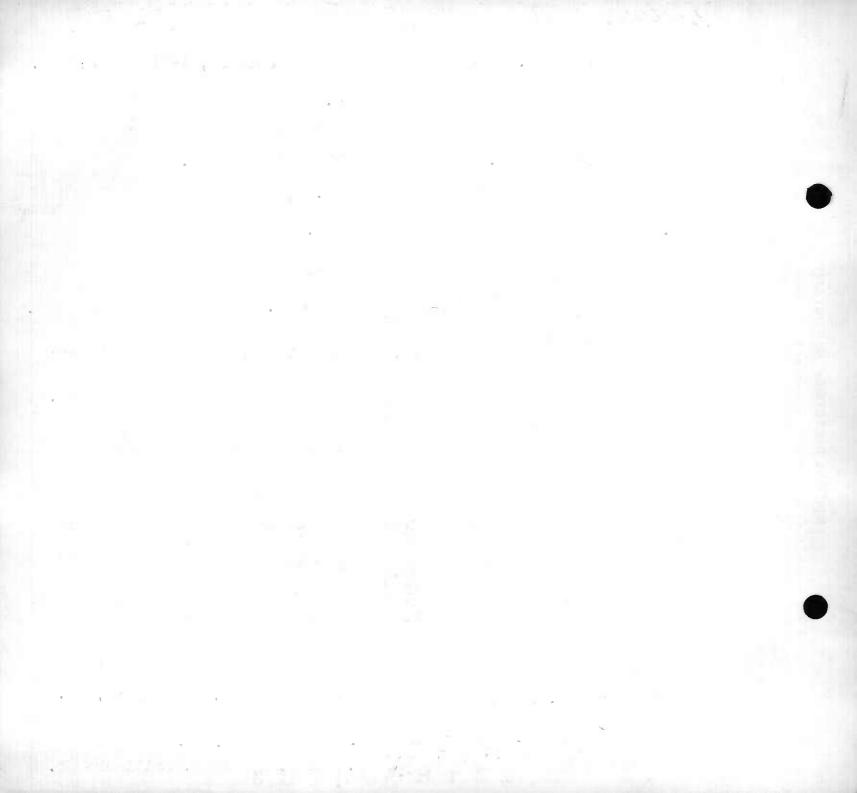
(State)

If Under 24 Hrs.



VS 150-REV. 1/1/68

CEPTIFICA	TE OF DEATH REG. NO. 71	5757
I.Name of deceased (Type or Print) Norbert A. Kane	2. DATE AND HOUR OF DEATH June 12, 1971	6:40 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceosed lived, If institution A. STATE B. COUNTY Md.	· · · · · · · · · · · · · · · · · ·
HOSPITAL DR ADDRESS DR LOCATION)	C. CITY OR TOWN Baltimore D. INSIDE CITY YES E	
2703 Eastern Ave.	e. street and number 2703 Eastern Ave.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Feb. 9,190 ast birthday 1	der 1 Yr. If Under 24 Hrs.
done during most of working life, even if refired) Asst. Auditor Banking		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Michael	MaryAnn	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar doles af service) SECURITY NO.	17. INFORMANT	ADDRESS
No 216-10-5859		astern Ave.
DISEASE OR CONDITION DIRECTLY	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
termine no materi	SE Cor Pulmonale	1 Week
	A CONSEQUENCE OF:	1, 110015
injury ar camplicolion which caused death.)		1
(B)	onary Emphysema	4 yrs.
DISEASES OR CONDITIONS, if any, giving dise la line above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:	
- II		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		• • • • • • • • • • • • • • • • • • • •
194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
OR CONTRIBUTING CAUSE OF hame, form, fociary, street, of	n or obout 21 C. WHERE DID (If In Boltimore City, glice bldg., INJURY OCCUR?	ive exact lacation)
21D. TIME (Month) (Day) (Year) (Hous) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?	
	ovember 20 19 70 to June	12 19 71
that (i) (we) last saw the deceased alive on	19 71 and that in(my) (**) apinian de	ath accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) vi	lew the bady after death.	
23A, SIGNATURE W. Le Douge Atter	nding IXT Med. Stoff IT 5/	ATE SIGNED 14/71
23C.PHYSICIAN'S NAME (Type) Clarence W. LeDoux	3D. ADDRESS	ore, Md.
Burial 6/15/71 Holy Rosary C		
JUN 17 11 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	imore St.



IMPORTANT

DIRECTOR:

FUNERAL

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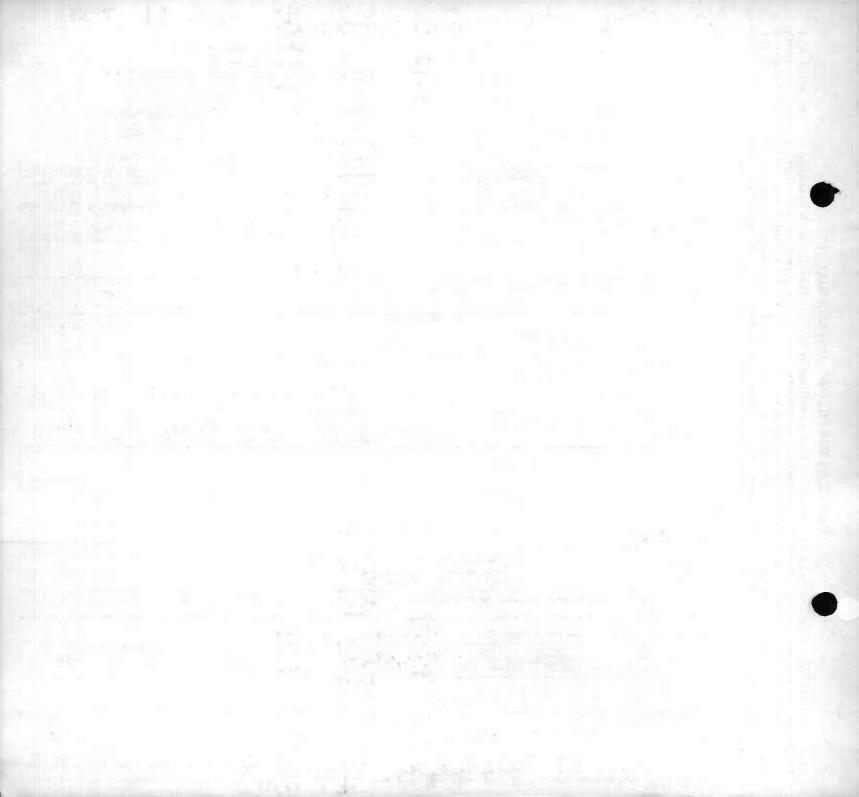
June 12 71 June 18

CP-35-3

BISIS DE COURS SYA DOUTENANT ESCO. C. N. MOUD HINDWALTH &

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such written annual must be obtained before the embalmed or final disposition is made.

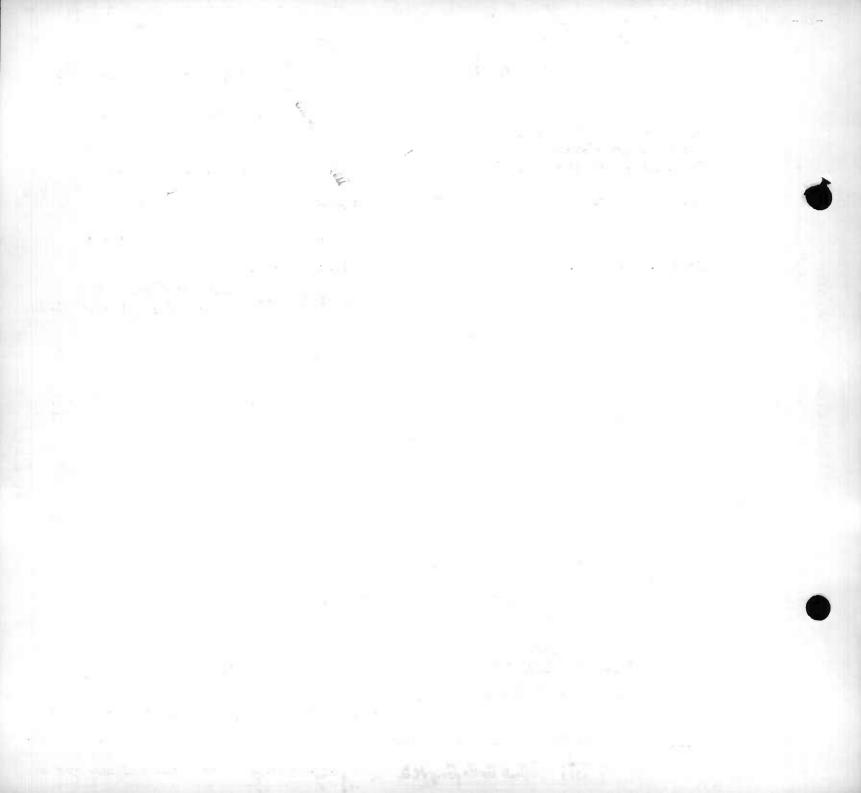
1-15	5 -0		BALTIMORE CITY	HEALTH DEPARTMENT	174	EMAG.
BIRTH NO.	71 5759		CERTIFICA	TE OF DEATH	REG. NO.	3/30
NAME OF DECEA	BESSIE	В	ERMAN	2. DATE AND H	-	1750 P.
3. PLACE IN BALTIA	ORE MARYLAND, WHERE	PRONOUN	CED DEAD	A. STATE B. COUNTY	ceosed lived, If institut	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL C	R INSTITUT	ION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSIDE C	2720
	HOSPITAL O	F BA	LTIMORE	Baltimore E. STREET AND NUMBER		NO .
12				3614 glen	Ave, 2	1215
SEX F	1.1	ARRIED Z	NEVER MARRIED DIVORCED	S. DATE OF BIRTH 9. A	GE (In years III Mo	Under 1 Yt. If Under 24 Hr nths Days Haurs Min.
OA. USUAL OCCUPA	TION (Give kind of work 108.	KIND OF B		11. BIRTHPLACE (Stole of loreign c	ountry) 12	CITIZEN OF WHAT COUNTE
	king life, even if refired)			Maryland	11	USA
3. FATHER'S NAME				14 MOTHER'S MAIDEN NAME		
my	2			Sind		
	er in U. S. Armed Forces? yes, give wor or dates of	service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	7 8 10- 10- 10- 10- 10-		Jeggaii No.	0000	3000	Stan
18. 3 - / 9	200		CAUSE OF DEAT	H	- LAVEN .	APPROXIMATE INTERVAL
	OR CONDITION DIRECT	LY	resp	inatory failer	e	BETWEEN ONSET AND DEAT
	ADING TO DEATH mean the mode of dyln	0. 0.0	(A) IMMEDIATE CAL	JSE / D	***********	l hr
heart failure, as	thenia, etc. It means the	disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	calian which caused deal TECEDENT CAUSES	n./	· One	after conde	àc arrest	- 10 days
	CONDITIONS, If any,	oiving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	ac arrest	
rise to the	above cause (A) state		(c) duri	ng preumone	ctomy	10 days
E TO THE DEATH I	II ANT CONDITIONS CONTRI BUT NOT RELATED TO THE TE	RMINAL				<u> </u>
	PERATION 198 CONDITION WAS PERFORM	N FOR WH	IICH OPERATION	20A-AUTOPSYR (Yes of No.) 201 IN	B. IF YES, WERE FINDS CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
21A. ACCIDENT OR CONTRIBUTION DEATH (notify mo	WAS UNDERLYING	208, Pi home, etc.)	ACE OF INJURY (e.g., i form, factory, street, o	n or obout 21C. WHERE DID	(If In Baltimore City	r, give exact location)
	Aonth) (Day) (Year) (He	oud 21 E II	At Not Whi	21F. HOW DID INJURY	O C C U K?	
		Work	— Al Work			10
	at (1) (this hospital) att			1 - 1	1 to June	1219_7_/
	st saw the deceased al		750 pm Ju		(my) (our) apinion	deoth accurred on the do
ond hour and fi	rom the causes stated a	bove.	(We) (did) (did not)	riew the body after deoth.		NAME SIGNATURE
ZSA. SIGNATURE	72	1.	ALD AND	anding Med. Staff		DATE SIGNED
23C. PHYSICIAN'S	ences Justin	OHear	DEGREE Phy	s. Director Phys.	B 6	5-12-71
NAME IType	7	1 1	,	O - ' 1-1	P D 0-	for no
	SUNEO FU	CUSI	LIM DEGREE	Sinai 1402/	of pal	unice
REMOVAL ISP	6 14 71	H	AE OF CEMETERY OF CR	endoup 240. LOGA	ello Icily, to	wn, or county) (Stote)
SA. DATE REC'D BY	IN 17 1971 02	NAME OF	REGISTRAR	25C-FUNERAL DIRECTOR	una 15m	9610 Reisters
/S 150-REV. 1/1/68	TI IST VA	OFFIC C	Name W.S.	The same of	W W KJ 6 Y	141 - Hecturo
/ 3 I DUSEEV. 1/1/68		· p	2 200			



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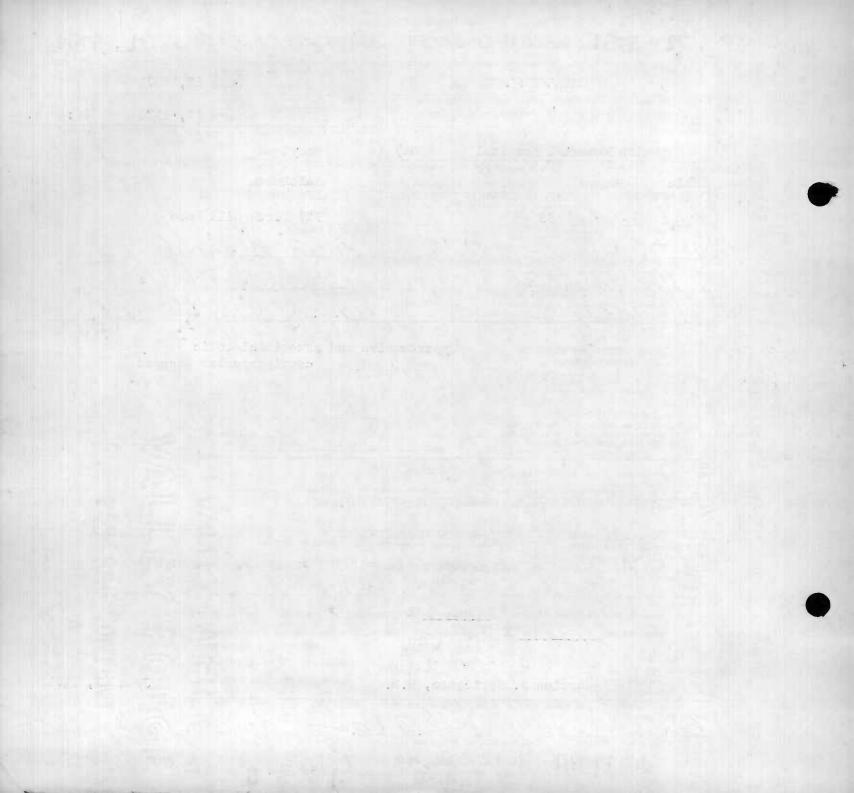
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I. NAME OF DECEASED DATE Name of Button Day Year Hours Day Name Day Year Hours Day Day Name Day	BIR	57 TH NO.	63	MED	ICAL EX	AMINER	R'S C	ERTIF	ICATE	OF	DEAT	H REG. N	71	57	63
4. PLACE IN BALLIMORE, MAPYLAND, WHERE PRONOUNCED DEAD ACCEPTION OF PROTING AND PROPERTY OF PROTING ACCEPTION AND PROPERTY OF PROPER				i prišelji	SMIT	Н		OF		_				ear H	lour
IOSPITIAL NODESS OR LOCATION S. USUAL RESIDENCE (Where duce cased food, Immultion) M. 4021 Wilsby St.	4.	PLACE IN BA	LTIMORE, MA	RYLAND, W	HERE PRONO	UNCED DEAD					Month	Day	Y	ear M	laur
4. STATE MATYLAND 8. STATE MATYLAND 9. DARE OF BIRTH 10. AGE (6 year) 10	HO	SPITAL	(IF NO	T IN HOSPITA	L OR INSTITUTIO	N, GIVE STREET			100						
Female Negro Minomed Divorced Baltimore Yes No	0	/\	Wilsby	St.							dece osed Ir			ence beto	O I
9. DATE OF BIRTH 10. AGE (in very thinkley) 11. BINTHERAGE (State or floring-country) 12. CHIZEN OF WARL COLUPATION (Give kind of word) 148. KIND OF BUSINESS OR INDUSTRY) 13. BINTHERAGE (State or floring-country) 14. USUAL OCCUPATION (Give kind of word) 148. KIND OF BUSINESS OR INDUSTRY) 15. USUAL OCCUPATION (Give kind of word) 148. KIND OF BUSINESS OR INDUSTRY) 16. WAS DECEASED EVER IN US. AR MED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS 18. SOCIAL 19. CAUSE OF BEATH CAUSE OF BEATH 19. CAUSE OF BEATH CAUSE OF BEATH 19. CAUSE OF BEATH CAUSE OF BEATH 10. SOCIAL 10. INFORMANT INTERVAL BETWEEN ONEE AND DATE SECURITY NO. 21. DISEASE OR CONDITION BY ANY CIVING REPORT OF THE PERMITTAL OF THE PERMITTAL COUNTRIBUTING DISEASE OR CONDITIONS, BY ANY CIVING REPORT OF THE PERMITTAL COUNTRIBUTING DISEASE OR CONDITION SCONTRIBUTING DISEASE OR CONDITIONS CONTRIBUTING DISEASE OR CONDITION SCONTRIBUTING DISEASE O	6.	SEX	7. RACE		8. MARRIED	NEVER MARRI	ED 🗴	C. CITY C	R TOWN			D. INSID	E CITY LIM	ITS?	
9. DAYE OF BIRTH 10. AGE (in year) 10. Birthaley) 10. With Control of the cont	Fe	emale	Negro		WIDOWED [DIVORC	ED D	Balt	imore				VES TA	NC	
IA. USUAL OCUPATION (Give lind of worl) 48. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	1	lent 2	1929	last birthdo	48 Month	S. Doys Hours		40	21 Wils		St.	. //	,		
1 CAUSE OF BEATH CAUSE OF BEATH CAUSE CAUSE OF BEATH CAU	2	White	tone	Va	1	1.54		Sh	oma	W.	Im	uth			
SECURITY NO. SECU					2 NIND OF B	OSINESS OK IN	DUSIKY	13. MOJH	lou (OMAM O	An	MI			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows, outside the course death) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES CONDITIONS FANY, GIVING RISE TO HE ABOVE CAUSE (A) STAING THE UNDERLYING CONDITIONS CONTRIBUTING	16. (Yes	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES? of service)	SECURITY N		18 INFOI	MANT ,	La	DA		ADDRES	S	
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CALIDING TO DEATH Child does not mean the diving, e.g., heart foliure, softhering etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSE CAUSE (A) STATING THE UNDERLYING CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LOST. (C). COLUMN		70%	E OF COND	ITION DIREC	TIV	CAUSE O	P DEAL	П							
Chief slower includes and mean the mode of dying, e.g., heart follow; oshenois, exit. It means the disease, injury or complication which covered death.)		DIJEAJ				CANIMAME	DIATEC	Alice F	ocal mv	zocar	dial	fibro	sis		
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimare City, give exact lacation) hame, form, foctory, street, office bidg., etc.) INJURY OCCUR? 10 10 10 10 10 10 10 1	O					(C)	**********								
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimare City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR? 100 10	IIFICATI	TO THE DE	ATH BUT NOT	RELATED TO	THE TERMINAL	g still the dils dan gap salt den sub-dyn ag									
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22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 23. Certify that held an Inquiry Inspection Autapsy and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	DICAL	UNDERLYING	G ☐ OR CON	TRIB-	22B. Pl ham e,	ACE OF INJUR form, foctory, stre	RY(e.g., i eet, office	in or about bldg., etc.)	22C. WHERE	DID (I	f in Boltima	re City, give	e exact lacat		
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	X	22D. TIME OF INJURY			W	HILE AT	NOT	WHILE	22F. HOW D	INI DIO	URY OCC	UR?			
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resulted fram: Natural causes			tify that I h	eld an I	nauiry 🗆	Inspection [Aut	ansv X	and that	t an th	is basis.	death in	my anini	an	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Control of the property of the			1		E					7				u.,	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6-12-71 ASSOCIATE MEDICAL EXAMINER 6-12-71 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) COMPANY OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		10301	(:)	1 1		13	0	ъ.							
EXAMINER'S NAME (Type) Charles S. Springatte, M.D. ASSOCIATE MEDICAL EXAMINER 6-12-71 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS			1 /1	into	11.0	man	(RD	AS				X		DA	TE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FLYNERAL DIRECTOR 24D. LOCATION (City, town, or county) 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FLYNERAL DIRECTOR ADDRESS		EXAMIN	IER'S Ch	arles S	S. Sprin	gate, M.I	0.	ASS	OCIATE MED	ICAL EX	AMINER		6	5-12-	71
PEMOVAL (Specify) Live Control of the Control of t		. BURIAL CRE	MATION, 2	4B. DATE	240	NAME of CEM	NETERY 9	r CREMA	ORY	24D. L	QCATJON	(City,	town, ar ca	iunty)	(Stote)
	RE	JULU (Spec	l'e	6-17	1/ /	Multer	6	uf		1/1	white	The same of the sa		me	L.
an arra (i) (A. F. Starker, M.D.	25/	A. DATE REC'D			2	-	8	25C	FUNERAL D	IRECTO	3		ADDRES	S	. ,

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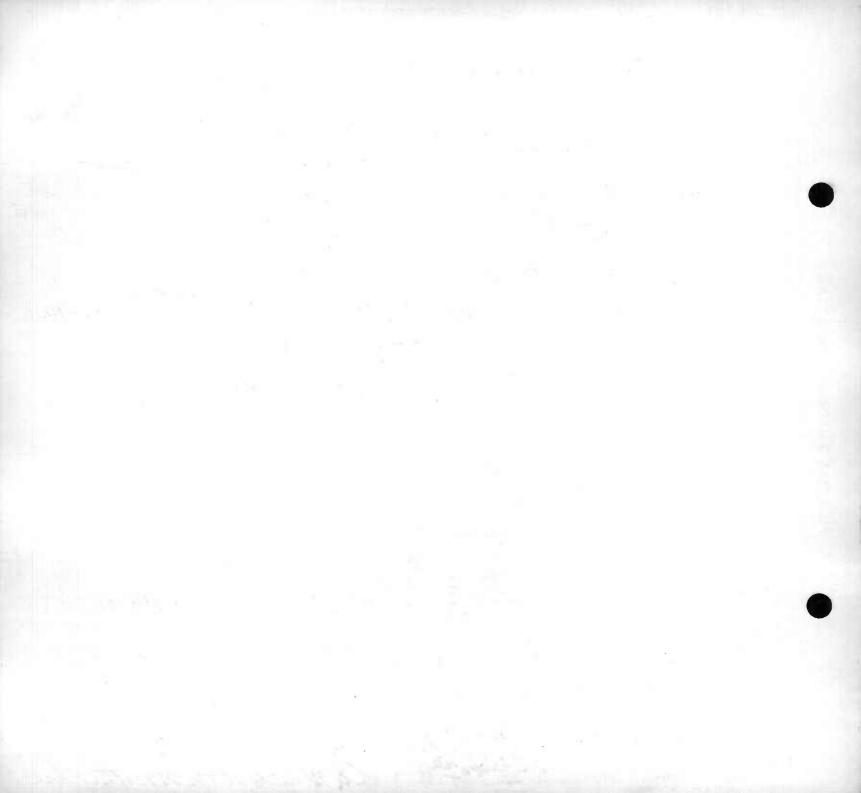
VS 151-REV, 1/1/68

Obles E. Jaber M.D.



FUNERAL DIRECTOR:

11623	BALTIMORE CITY	HEALTH DEPARTMENT		
віктн но.71 5765	CERTIFICA	TE OF DEATH	REG. NO. 21	5765
1. NAME OF DECEASED (Type er Print)	/	2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	7/7/	M.
		A. STATE B. COUN	e deceased lived. It institution TY	residence belore odmissien
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTI ADDRESS OR LOCATION	ON, GIVE STREET			007
INSTITUTION		C. CITY OR TOWN	D. INSIDE CIT	
MT. SINAI NURSING	4 Home	E. STREET AND NUMBER	YES	NO .
70		4	ShiNgTON S	7
5. SEX 6. RACE 7. MARRIED 7	NEVER MARRIED	B. DATE OF BIRTH	ACE D	TreeT nder 1 Yr., If Under 24 Hrsa
// WIDOWED	DIVORCED	3-20-00	est birth and Month	nder 1 16 If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BL	ISINESS OR INDUSTRY	1. BIRTHPLACE Stole er foreig	n country) 12. C	ITIZEN OF WHAT COUNTRY?
Keleral		South Con	olinice	11.8/4
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM		VIZ I
I whom Winht	-	Illen		
15. Wes Diceased Ever in U. S. Armed Forces? (Yes,no or unknown! all yes, give wat er doles of service!	SOCIAL	7. INFORMANT	C	ADDRESS
200 Stational life yes, give war or doles by servicel	SECURITY NO.	CAREY WRIGI	hT - SON	207 00
18.	CAUSE OF DEATH	1301NO WASHIN	growst	321-4006
DISEASE OR CONDITION DIRECTLY	CAUSE OF BEATIN		000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	A STATE OF THE STA	remoderate	Wollen	
(This does not meen the mode of dying, e.g., heert foilure, osthenia, etc. II means the diseoso,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:		-
injury er complication which coused death.)	0	110 . Od 1	1	
ANTECEDENT CAUSES		NITKICK	elle plagen	
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A	CONSEQUENCE OF:		
rise In the obove cause (A) sletting the UNDERLYING CONDITION lest.				
	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A)	**********	*******************************	*************************	***************************************
19A. DATE OF OPERATION 19E CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes er No)	20B. IF YES, WERE FINDING	S CONSIDERED
a la			IN CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Boltimere City, g	Ive exoct fecetion)
O DEATH Inetity medical examinar)				
	IURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROXI	Net While			
22. I certify that (I) (this hospital) attended the a		4/30/71 19	1/12	6/-1
that (1) (we) lost saw the deceased alive on	0114	17	E C	19
			in(my) (our) opinion de	ath occurred on the dote
ond hour ond from the couses stoted obove. (1) (W	(e) (did) (did not) vie	w the body after deoth.		
Federard De Lacer	Attend	ling Med. S	23 B. D.	VE SIGNED
23E. PHYSICIAN'S	DEGREE Phys.	Director L.J. P.	hys. \Box	16/11
NAME (Type)	D 23	COON PARK	HA A	
24A, BURIAL CREMATION, 24B, DATE 24C, NAME	DEGREE	0000		
REMOVAL (Specify) 24B. DATE 24C. NAME	of CEMETERY OF CREM	ATOM 24D. LO	CATION (City, town,	or county) (Stote)
134ria 6-18-71 Int	Pertur	Cont 1	sello mo	X
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF R	EGISTRAP	25C SUNERAL DIRECTOR		ADDRESS
IIIII 17 MILL WARE TO CO. NO.	- Total	(1) -1		



BALTIMORE CITY HEALTH DEPARTMENT

F600

71 5765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	H 21 5-62
- Nime of December 1	KEG, NO.
1. NAME OF DECEASED (Type or Print) MTTCHTETT EADDOLL 2. DATE Known Month OF	Day Year Hour
PILLORELL FARROW DEATH Estimoted	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD June	15, 1971 7:00 A
S. USUAL RESIDENCE (Where deceased liv	
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?
MOUNTED TITLE AND MAKKIED TO	D. INSIDE CITY LIMITS!
Male Negro WIDOWED DIVORCED Baltimore 9. DATE OF BIRTH 10.AGE (In years If Under) Yr, If Under 24 Hrs. E. STREET AND NUMBER	YES NO
4/22/1921 lost birthdoy) Months: Doys Hours Min. 2040 Orleans Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	M
14A USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	ttery
doneduring most of working life, even if refired)	
Unenglanged 1000 Undana	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT SECURITY NO.	ADDRESS
VES. WW II ALAKA J. PARROW	C Ame
CAUSE OF DEATH	APPROXIMATE INTER
DISEASE OR CONDITION DIRECTLY Cirrhosis of liver	BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY CITTOSIS OF LIVET	
(This does not mean the mode of dylon and	
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION TAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	***************************************
CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or N
	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Bollimore home, form, foctory, street, office bidg., etc.) INJURY OCCUR?	City, give exoct location)
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Dov) (Year) (Hour) 122F INITIALY OCCURRED 22F HOWDID INITIALY OCCUR	22
OF INJURY (APPROX) WHILE AT NOT WHILE	
m. WORK AT WORK	
I certify that I held on Inquiry Inspection Autopsy and that on this basis, d	eoth in my opinion
resulted fram: Nataral couses Accident Suicide Homicide Undetermine	ed manner
CHIEF MEDICAL EXAMINED	
ACTUAL // / / / / /	DATE SIGNED
mis.	<u>X</u>
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER	6/16/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
	()
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR	s, md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
111N 17 19/1 Valent 2, James, 19/10/11/11/1	imorpy, M
S 151-REV, 1/1/68	1 Mandy W

4/21/71 - Letter from hospital.

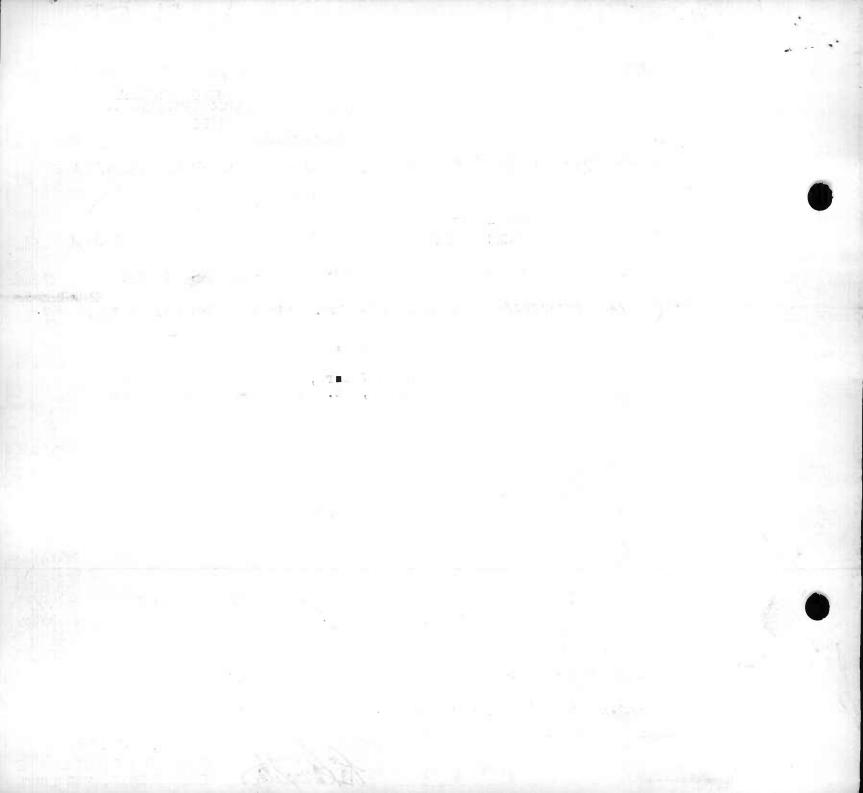
IMPORTANT

FUNERAL DIRECTOR:

	ITY HEALTH DEPARTMENT
5-650 71 5767 CERTIFIC	ATE OF DEATH REG. NO. 5767
BIRTH NO. 1. NAME OF DECEASED	AIL OI DEATH
(Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION) GIVE STREET	Maryland 1604
INSTITUTION	C. CITY OR JOHN D. INSIDE CITY LIMITS?
Lutheron Haspital	E. STREET AND NUMBER / S 4 5
Luther wie 140 grine	1925 Prunkle (141)
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., if Under 24 Hrs.
MALE NUMA WIDOWED DIVORCED	2-34 17 lost birthday Month's Doy's Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLA CE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Howard Unitoens	Boltonove Ald 71-5 A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Greens	Careje GreenE
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(res, no of unknown) (if yes, give war ar dates of service) SECURITY NO.	Losponie Por 102- A Hues
18. 4 4 4 1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Sephice mia
heart failure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury as complication which coused death.)	
ANTECEDENT CAUSES (B)	ingrene of 1001.
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last (C)	
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
S DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in ar about 21 C. WHERE DID (II In Baltimare City, give exact lacation)
DEATH (notify medical examiner)	and stage has a cook
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At The Not White At The Not	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (1) (this haspital) attended the deceased from	6. 16 19 7/ to 6 15 19 7/2
	5 7/ ond that In(my) (our) opinion death accurred an the date
and hour and from the causes stoted above. (1) (We) (did) (did nat)	
23A. SIGNATURE	23 & DATE SIGNED
) TOO O CO DEGREE Ph	thending Med. Shoff Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Dr. K. WOUINDA KADDEGRE	EE CONTENTION
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CHEMENT OF CHEMETERY OF C	
Duris 6-17-16 (ARVAR Nen	n PR. Louvel, Md.
25A. DATE REC'D BY HEART DERT 255 NINGE TO STATE	25C. JUNERAL DIRECTOR ADDRESS
19/100	1 Bordon's Grett F. H. 1701-houveus

De - 1 Et Marie de Marie de Comercia de la Marie de Comercia de la Marie de Comercia de la Marie de La

N-425 71 5768	BALTIMORE CITY	HEALTH DEPARTMENT	71	5768
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) NELSON MH	RY E	Such	E 10 1871	11:25 D.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before admission
FULL NAME OF OF NOT IN HOSPITAL OR	NSTITUTION, GIVE STREET		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX 5201
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN GLEN	BURNIED. INSIDE	CITY LIMITS?
43		BAKK KIKIKIKIKI		s 🗌 NO 🔀
SALTH BASTIMANOS (Rul 1/ACD	E. STREET AND NUMBER	1	
5. SEX 6. RACE 7. sea.	514.1703 P	8. DATE OF BIRTH 19.		BLUD NE
F O. RACE		lo lo	est birthday) Mo	Under 1 Yr. II Under 24 Hrs. anths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI		11. BIRTHPLACE IStale at loreign	n country li	2. CITIZEN OF WHAT COUNTRY
done during most at working life, even if reflred)	K-LIFT &	,) (, coomy	
SECRETARY TE	BCK SALES	14. MOTHER'S MAIDEN NAM		U.S.A
11111		MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	ETHEL TE	BBS COAT	TES
(Yes, no ar unknown) (If yes, give war or dates of ser	SECURITY NO.	17. INFORMANT		Address GlenBurnie
ND //////////		9 Mrs. Margare	t Kilcoyne	(sister) Md.
18. /9/	CAUSE OF DEATH		Broncho -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	pneumo	nia,		
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF:	E	
heart failure, asthenia, etc. It means the dis injury or complication which caused death.	eose, Brain	CONSEQUENCE OF Gliob	lastoma Mul	t-
ANTECEDENT CAUSES		d, Rt. occipito	-parietal re	egion)
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:		*******************
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)			
11	(0/************************************	******************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************************	*****************	************************	
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION		20B. IF YES, WERE FINDI	INGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	218 81 4 05 05 1911199/ 1-	YES		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	ice bidg., INJURY OCCUR?	(If In Boltimore City	y, give exact lacation)
9				
2 of march	While At Not While	21F. HOW DID INJUR	Y OCCUR?	
(APPROX)	Wark L At Wark			
22. I certify that (1) (this hospital) attend	4	17	21_10_JUN	6 10 1921
that (1) (we) last saw the deceased alive			in (my) (our) opinion	deoth occurred on the dote
and hour and from the causes stated about	e. (1) (We) (dld) (dld not) vi	ew the body after deoth.		
23A. SIGNATURE	Au.,	di — 11.1 — 1.		DATE SIGNED
Dulupnik	DEGREE Phys.		off D	
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
UR. JOSE M. PRI	SBITERO DEGREE	SBG.	4	
REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LOC	ATION (City, to:	wn, or county) (State)
BURIAL JUNE 14/71	GLEN HAVEN ME	MORIAL PARK G	LEN BURNIE,	MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 259. NA	ME OF REGISTRAR	25C FUNERAY PIRECEO		ON FUNERAL HOME
0 11-11		1 Killodelor	GLEN BU	



1 12-500 71 5769	BALTIMORE CITY	HEALTH DEPARTMENT	V -	u ===00
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	7 2/09
I.NAME OF DECEASED (Type Susan Diane 2 2 0		2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOU	WED DEAD	4. USUAL RESIDENCE (When	e deceased lived It incl	11-07P M.
		A. STATE B. COUN	TY ,	mionon, residence belorg bomission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN	alvert	E CITY LIMITS?
2 4940 Fastern Avenue				YES NO X
Baltimore, Md. 2122		E. STREET AND NUMBER	D R	
		130X 5	76	Frederick 20678 00
Female White WIDOWED	DIVORCED	June 8	2.4	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
Pre-School		Marylan	al	U.S. A.
13. FATHER'S NAME	60	14. MOTHER'S MAIDEN NAM		
William	T	Betty		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give wor of dates of service)	16. SOCIAL SECURITY NO.	17. INFORM 41940 East	ern Avenue	ADDRESS
No	none	BCB- Baltimor		4
18. 7 6 9 / 1	CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Sofia		
(This does not meon the made of dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS	SE— CONSEQUENCE OF:	mla	**********************
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	0	^		
ANTECEDENT CAUSES	18) treme	eture rusti	ure of	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	14 A. F	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	oteta	& member	anes	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (AL.	Done	2_		
O DISEASE OR CONDITION GIVEN IN PART I (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WEDE EN	NDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121B.P	- militali	YES	20B. IF YES, WERE FIN	Yes
OR CONTRIBUTING TO CALLES OF	LACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
S DEATH (notify medical examiner) etc.)	ining theory, street, all	TO SION INSORT OCCOR!		
= IOF INJURY	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While	Nol While			
22. I certify that (1) (this hospital) attended the	deceased fram	une 10 11	9 1/ ta Ju	ne ((1971
that (1) (we) last saw the deceased alive on	June is	19 and tha	t in (my) (aur) apini	an death occurred an the date
and have and from the causes stated above.	(We) (did) (did nat) vi	iew the bady after death.		
23A. SIGNATURE			W (C./C)	3B. DATE SIGNED
Kanl J. Alun	DEGREE Phys.		Phys. X	6/11/71
23C. PHYSICIAN'S NAME (Type)		20 40 0000	tern Avenue	7/11/
I Vaul A-Shu	win Malore	BCH- Baltimore		
24A. BURIAL CREMATION, 24B. DATE 24C. NAM		MATORY 24D. LO		lown, or caupy) (Stote)
Burial 6/13/71 Asbu	ury Methodi	st Bar	stow Caly	ert Cty. Md.
JUN 17 1971 Pale E. Marie of	REGISTRAR			ADDRESS Md.
\$ 150-REV. 1/1/68	35 ()	Harkbess Fu	neral Home	Port Republic,
100 100 17 17 17 00				

IMPORTANT

FUNERAL DIRECTOR:

-				BALTIMORE CITY	Y HEALTH DEPARTMENT			
1	431	71	5770		TE OF DEATH	REG. NO		7
1.NA	NO. ME OF DECEA		3/10	OEKTII TO			- 10	0770
(Type	or Print) FELd	Pusc.h.	DOROTI	hV	2. DATE A	ND HOUR OF DEAT	Н	750
3. PL	ACE IN BALTIN	ORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. GOU	ere deceased lived. If	institution: res	idence belore odmission
FULL HOSE INSTI	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	2308 E. PRE	STONST.	¥212	001
H	ARBOR	. Clew N.	e.		BALTIMON		SIDE CITY LIA	NO 🗍
).	213 Li	ght St.	Se 3	11	E. STREET AND NUMBER	,	Lave	
5. SEX	6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under	1 Yr. Il Under 24 Hr. Doys Hours Min.
1		W	WIDOWED		7-12-89	lost birthdoy) 8/	Months	Poys Hours Min.
IOA, U done d	SUAL OCCUPA Juring most of world	TION (Give kind of world king life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lor	eign country)	12. CITIZE	N OF WHAT COUNTR
	Home MAK	ker			MARYLAND			
3. FA	THER'S NAME				14. MOTHER'S MAIDEN NA	ME		
He	NRY 1	MohlheNP	ich		UNKNOWA	1		
5. We	o or unknown) (If	er in U. S. Armod For yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
1	10			218 123376 B	CHAPT			
18	412	4.1		CAUSE OF DEATH	1			APPROXIMATE INTERVAL
	DISEASE C	OR CONDITION DI	RECTLY		(TWEEN ONSET AND DEAT		
(1	his does not	ADING TO DEATH	dvina ea	(A) IMMEDIATE CAU	SE (méliae	Judden		
no h	eon lailure, asil	henia, elc. Il meons	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
"		ECEDENT CAUSES	deout?	1	T C 1/2 6	D		7
D		CONDITIONS, If	nav aivina	(B) DUE TO OR AS	A CONSEQUENCE OF:	llean	`	
nis	se la the a	bove cause (A) ONDITION last,	stating the		r somegether or:			
_	NDEREIIIVO C			(c)				
OI OI	IHE DEATH BU	II NT CONDITIONS CON NT NOT RELATED TO THE DITION GIVEN IN PART	IE TERMINAL	Lype	it groude.	24-		7
CERTIFICATION 101 110 110 110 110 110 110	A-DATE OF OP	ERATION 198. CONI WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY! (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C USES OF DE	ONSIDERED ATH?
NO DE	A. ACCIDENT VECONTRIBUTION ATH (notify med	VAS UNDERLYINO G CAUSE OF dicol exomined	218. home elc.)	PLACE OF INJURY (e.g., in , farm, foctory, street, off	or obout 21 C. WHERE DID	(II In Boltimo	re City, give e	exoct location)
211 OF	D. TIME (M	onth) (Doy) (Yeoi)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(A)	PPROX.)		Whi! Work	e At O Not While				
22.	. I certify that	t (l) (this haspital)			- 10	19.71 to G	115	71
		t saw the deceased		5/28	4		alaa daad	accurred an the dat
and	d haur and fro	m the causes state	ed abave. (I)	(We) (did) (did not) vi	ew the bady after death.	or includy (april apr	mon death	accurred an the day
234	A. SIGNATURE	1	1	2	The budy offer death.	/	238. DATE	SIGNED
		hegue y.	121	CCC DL.	ding Med.	Staff Phys.	6	111771
230	NAME (Type)	JOSEPH	S.	BLUM 2	3D. ADDRESS	CAL UF	RT	Si
4A. BI	URIAL CREMAT	ION, 248. DATE	24C. NA	ME OF CEMETERY OF CREA	MATORY 24D. LC	OCATION (Ci	ty, town, or c	ounty) (Statel
	remation			1 0		04/70 41	-ye 15 11 14 01 C	// (aute)
	ATE REC'D BY		258. NAME OF	REGISTRAL	ematory 25C. FUNERAL DIRECTOR	DALIU. I'd.		ADDRESS
	JUN 17	19/1 Walle	R F. AUR	** T. W.	o Thora. mill	er Inc, -641	5 Belai	r Rd21206
5 150-	-REV. 1/1/6B							



n	1 -2	^		BALTIMORE CITY			REG. NO	/1	5771	
BIRT	H NO.	71 5	771	CERTIFICA	TE OF D					
	AME OF DECE		RALPH	MEANS		06-1	4-71		5:1	10 M.
		MORE MARTLAND, W			4. USUAL RES A. STATE FLOR	B. COUN	e deceased lived. TY	If institution	rasidence before a	sission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	(TION)	HON, GIVE SIKELI	C. CITY OR TO		D.	INSIDE CITY		
3	3THE JO	HOPKIN	IS HOSP	ITAL	E. STREET AN			YES		
5. S		6. RACE	[7		8 DATE OF BIL		P. AGE (In years	I ti iin	der 1 Yr If Under	24 Hrs.
	ALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	07-28		lost highday)	8 Month	der 1 Yr. If Under B Doys Hours	Min _e
104	USUAL OCCU	PATION (Give kind of work vorking life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fore	gn country!	12. C	TIZEN OF WHAT CO	UNTRY?
		ontractor			Pennsy1	vania			U.S.A.	
13.	FATHER'S NAM				14. MOTHER'S		BARTELS			
	KAL	LPH MEANS					ARTELO			
15. \ (Yes	Wes Deceased Line of unknown)	Ever in U. S. Armed For lift yes, give war or date	s of service)	SECURITY NO.	17. INFORMAN					ex. Va
	No			422-01-7626 CAUSE OF DEAT		. House	r, 301 N.	Beaur	egard St.	ERVAL
		E OR CONDITION DI	RECTLY	Dur	picel in	Q.	taix		BETWEEN ONSET AN	
	(This does no	LEADING TO DEATH	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENC	E OF:	1		200	145
	heart failure,	asthenia, etc. It means plication which caused	the disease,	A C d	CONSEQUENCE		0		in	
		ANTECEDENT CAUSES	SVY	100			Year	ZS		
		R CONDITIONS, If	A CONSEQUEN	ICE OF:						
		condition last					, , ,	••••		
_		11		M	1	1				
THOP	TO THE DEATH	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL	1401	racill	dru				
CERTIFICATION	19A-DATE OF	OBSERATION HOR CON	DITION FOR Y	1 - 1	- (SYR (Yes ar N	IN CERTIFYING	ERE FINDING	GS CONSIDERED F DEATH?	
CER	21A. ACCIDEN	TO WAS UNDERLYING TING CAUSE OF	218	PLACE OF INJURY (e.g., in, farm, factory, street, o	n of about 21 Cut	WHERE DID	(If In Bo	Itimore City,	give exact location)	
CAL	DEATH (notify	medical examined	elc.)	a, tarm, tactory, street, o	mee bidge ires of	el occom				
MEDICAL	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		HOW DID IN	URY OCCUR?			
2	(APPROXI		Wor	Not While At Work				(1	1.11	
	_	that (1) (this hospita		e deceased from	6/3/		19ta		19_	
	()	last saw the decease		91411	119_/		at in my) (our) opinion d	eoth occurred an	he date
	and haur one		ted obave (I	(We) (did) (did nat)	view the body	ofter deoth.		23 B. D	ATE SIGNED	
	230. 3101141 0	CHT.	0011/4	- Dhy		Med.	Staff Phys.	6	14/7/	
	23C. PHYSICIA NAME (T	N'S	E THE	OF GREEF FILL	23D. ADDRESS		1		1 1111	
	NAME !	H	tee	OF GREE		TH	H			
24/	A. BURIAL CRE	MATION, 24E DATE		ME of CEMETERY OF CR		24D. I	NOITA 30.	(City, town	n, or county)	(State)
	Burial	6-17-1		wood Cemeter			vergrove	Illin		
25	UN 17	BY PRACTION DEPT. B E	Janes C	Z I C O		H; Hub		L07 Wil	kens Ave.	21229
VS	150-REV. 1/1/	68	1 1			7 6	40			

61 10

1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INER'S CERTIFICATE OF DEATH REG. NO. 5772
1. NAME OF DECEASED (Type or Print) NORBERT G. VAETH	2. DATE Known X Month Doy Yeor Hour OF DEATH Estimoted June 12, 1971 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	DEAD 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)	PRONOUNCED DEAD June 12. 1971 8:50 A. M.
3118 O'Donnell Street	5. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE Maryland
6. SEX 7. RACE 8. MARRIED NEVER	R MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
1111200	DIVORCED X Baltimore YES NO
lost hirthday) Months, Doys	
0 3 1311	3118 O'Donnell Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU	
Maryland WHAT COU	nugust J. vactii
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS (done during most of working life, even if retired)	S OK INDUSTRY 13. MOTHER 5 MAIDEN NAME
Cab Driver 16. WAS DECEASED EVERIN U.S. ARMED FORCES? 17. SOCIA	Ruth N. Rush CIAL 18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECUR	URITY NO.
	O1-9981 Mrs. Ruth N. Vaeth, 2211 Christian St. 2123
Ar	rteriosclerotic cardiovascular disease
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP	PPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes
22B. PLACE OF Home, form, foctor UTING CAUSE OF DEATH.	F INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct focotion) tory, street, office bldg., etc.) INJURY OCCUR?
	Y OCCURRED 22F. HOW DID INJURY OCCUR? NOT WHILE AT WORK
I certify that I held an Inquiry Inspection resulted from: Natural causes X Accident ACTUAL SIGNATURE EXAMINER'S Charles S. Springate,	and that an this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
24A. BURIAL CREMATION, 248. DATE 24C. NAME o	of CEMETERY ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial 6-17-1971 New Cat	athedral Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGIST	ISTRAR 25C, FUNERAL DIRECTOR ADDRESS
JUN 17 1971 Pabers E. Jaber, M. d.	Howard H. Hubbard, 4107 Wilkens Ave. 2122

VS 151-REV. 1/1/68

177

1	0 ,-					BALTIMOR	E CITY	HEALTH DEPART	MENT	, , , , , , , , , , , , , , , , , , ,	4	-MAG	
BII	-450 RTH NO.	71	. 577	3		CERTIF	ICA	TE OF DEA	ATH	X REG. NO.	2 (5765	
	Pe or Print)		DUE LAN		400			2.		ND HOUR OF DEATH			
-	DI ACE IN DA		PHE LAN			ATRTHUR	₹			JUNE 14,	1971	1:	30 P ,
٥.	PLACE IN BAI	LIMORE	MARILAND, W	MERE PR	ONOUN	CED DEAD		A. STATE	B. COUL	ere deceased lived. If I	nstitution:	iesidence b	efore odmission
FL H	ILL NAME OF OSPITAL OR STITUTION	(IF N	NOT IN HOSPIT DRESS OR LOCA	AL OR IN	ISTITUTIO	ON, GIVE STREE	T	MARY C. CITY OR TOWN		, BA CO	BIDE CITY I	LIMITS?	300
	//ST	AGNE	S HOSP	LTAI				LANSI	DOWN	Ε,	YES	N	o 🔯
1 2	WILK	ENC	& CATON	IAVE				E. STREET AND N					
			G CATO					1 06	SE CO	ND AVE			
5.	SEX	6. RACE		7. MARE	IED 🔨	NEVER MARRIE	D 🔲	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under	POVE IH	f Under 24 His.
	MALE	WHI		WIDON		DIVORCE		09-02-0		1 00		50,5	0013
104	USUAL OCC	UPATION (Give kind of work	TOB. KIN	OF BU	SINESS OR IND	USTRY	11. BIRTHPLA CE (SI	ate or fore	ign country!	12. CIT	ZEN OF W	HAT COUNTRY
	MAINT.	and the second		WE	LT2	NGHOUSE		PE NN S	VI VA	MILA		11 0 /	1
13.	FATHER'S NA		1131.	1 4 13	311	NUTTOOSE		14 MOTHER'S MA				U.S.A	٠,
1	MILLIA	1 M	PHELAN	1		DEC		MARY G					05.010
15.			S. Armed For		19.4				UKMA	N			DECID
(Ye	s, no or unknown	(If yes, g	ive wor or date	s of servi	cet	SECURITY NO.		17. INFORMANT				ADDRESS	CATON
	NO				2	17-07-8	771	ST AGI	NES	RECORDS RO	M MOC	LKE	4S &
	18. 49	2 X	1			CAUSE OF	DEATH						MATE INTERVAL
	DISEA		NDITION DI	RECTLY			9	Land from	01	10. 611.			
1	(This does n		TO DEATH			(A) IMMEDIA	TE CAN		7	Cere bellu		Rece	hup
	heart failure,	asthenia,	the mode of etc. Il meons	the dise	e.g., ose,	DUE TO,	OR AS A	CONSEQUENCE OF	:			********	***************************************
1	injury or con	nplicotion	which caused	deoth.)		ภ	7	- 4 4454	/ .	~ 1			
			ENT CAUSES			(B) /	we	word o	rene	ma & Dron	cleop	nuen	noung
1	DISEASES (OR CON	DITIONS, II	any, gi	ing	DUE TO	OR AS	CONSEQUENCE C	F:		/	***********	
	UNDERLYING	e above G CONDI	cause (A)	sloling	the	(c)//	u	mone	my &	rugsleyser	nó.		
			П			(0)			/				******************
Z	OTHER SIGNIE	ICANT CO	NDITIONS CO	NTRIBUTII	NG			-		,			
ATION	TO THE DEAT	ON TUB HI	TRELATED TO THE	TE TERMIN	AL	***************************************		****					***************************************
CERTIFIC	19A-DATE OF	OPERATIO	N 198 CON	DITION F	OR WHI	CH OPERATION		20A. AUTOPSY?	Yes or No		FINDINGS	CONSIDE	RED
ERT	L		The second					YES		IN CERTIFYING CA	USES OF	DEATH	
₹	21 A. A CCIDER OR CONTRIBL DEATH (notify	TING Comedicol e	INDERLYING CAUSE OF		21 B. PLA home, fi elc.)	CE OF INJURY orm, foctory, str	(e.g., in eet, offi	or obout 21 C. WHER	CCUR?	(If In Boltimor	e City, glv	e exact loca	otion)
MEDIC	21 D. TIME	(Month)	(Day) (Year)	(Hour)	21 E. INJ	URY OCCURRE	D	21 F. HOW	DID INJ	URY OCCUR?			
Ξ	OF INJURY (APPROX)				While A	No.	t While						
					Work		Work						
	1.4		•			6-14-7	1	06-08			-14		197_1
	1	//	the decease					19	and th	at in (My) (our) opi	nian dea	th occurre	ed on the date
			causes stat	ed above	. () (W	'e) (did) XdXdX	nXt) vi	ew the body after	death.				
	23A. SIGNATU	AR /									238, DAT	E SIGNED	
	//	Sal	una	yug	dru	_	Discon	ding Med.	or 🗆	Staff Phys.] J	UNE 1	14, 197
	23C. PHYSICIA NAME (T	N'S ype)	1			DEGREE		D. ADDRESS			1		
			A YA GAM	MD						INES HOSPI		MD 2	1220
24A	BURIAL CRE	MATION,	24B. DATE		.NAME	of CEMETERY	EGREE CREA	MILKENS	24D. L		ly, lown, o		(Stote)
	Burial	-hecity)	6-17-19	71 ,	01:40	n Daml- O	Om- 04		n			•	
lane.	DATE REC'D	BY HEAT				n Park C	emet	25C. FUNERAL D	Ral	timore, Mar	land	ADDRE	99
	JUN 1	7 1971	Valente Valente	E. 40	wer,	EAL DAR	-			bard, 4107 V	Ji 1ko-		
Ve	160 PEV 1/1/	40		11 [7			Orroward Lu	TIGO	410/ V	ATTKEL	rs was	. 41449

and it is still the , \$* per \$ 55.

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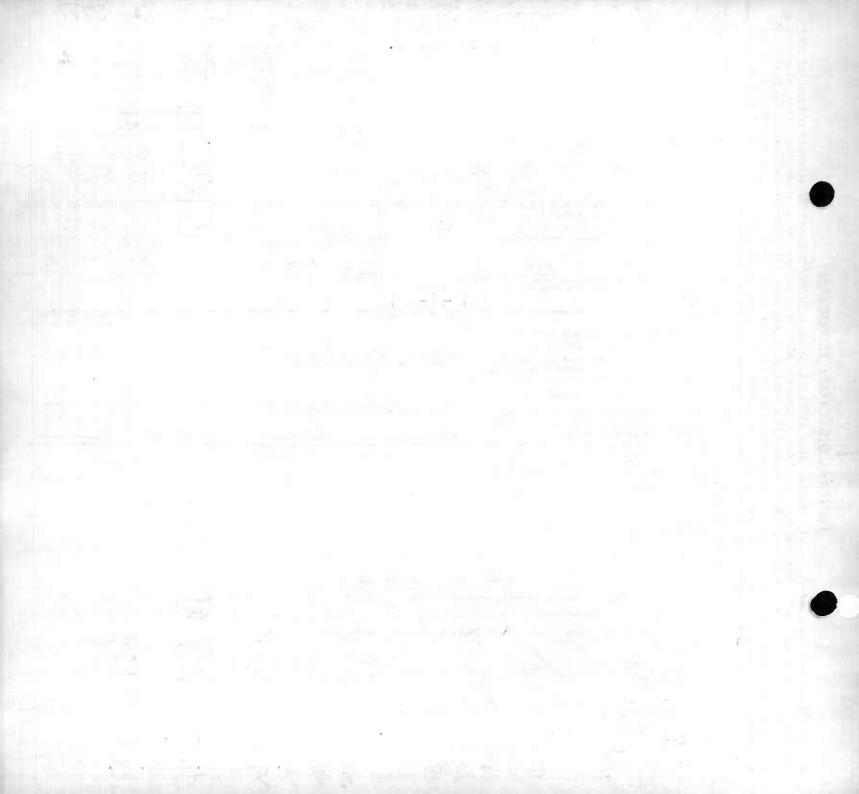
1/ 100	4		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	71	5775	CERTIFICA	ATE OF DEATH	REG. NO.	71 5775
1. NAME OF DEC		** 1.1	0		ND HOUR OF DEAT	тн
2 PLACE IN BAL	Imer Har	ry Hobbs	s Sr.		5/71	
				A. STATE B. COUL	NTY	I institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR	LOCATION	ITUTION. GIVE STREET	Md . c. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
0545	7.7			Baltimore		YES NO
0 2515	Moore Av	re.		e. STREET AND NUMBER 2515 Moore	Ave.	
- SEX	6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr., Il Under 24 H Months Doys Hours Min.
M	W	WIDOWE	DIVORCED	April 1,1896	last birthdoy)	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind working lile, even if re	of work 108, KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of lone	eign country)	12. CITIZEN OF WHAT COUNT
			tern Electri	d Maryland		II C A
3. FATHER'S NA	ME	001 1100	OCTIV DICCOLL	14. MOTHER'S MAIDEN NA	ME	U.S.A.
El	mer Lee	Hobbs		Catie West	kamn	
5 Was Decemen	Fues in II S Ame	od Farrage	1 6. SOCIAL	17. INFORMANT	Kamp	ADDRESS
Yes	(If yes, give war	or doles of service	213-10-544	8 Wn John T	Uchha 111	106 Marriad Dd 01
18.	0.1/1		CAUSE OF DEA	H/_		106 Towood Rd 21
DISEA	SE OR CONDITIO	N DIRECTLY	arterio	solunt. Co	une Van	SCULA BETWEEN ONSET AND DEA
3,337	LEADING TO DE			/// *	cer	
(This does r	nol meon the mo	de of dying, e.	(A) IMMEDIATE CA	A CONSEQUENCE OF:		
injuly of con	asthenio, etc. Il r	neans the diseas aused death.)	e,			
	ANTECEDENT CA	USES				}
	R CONDITIONS,		(B)	A CONSEQUENCE OF:		
rise to the	e abave couse	(A) slaling If	18			
UNDERLYING	G CONDITION las	st.	(c)	***************************************		
Z	11					
E TO THE DEAT	FICANT CONDITION THE BUT NOT RELATED	TO THE TERMINA				
19A. DATE OF	ONDITION GIVEN I		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES. WEE	RE FINDINGS CONSIDERED
OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDE	WA	S PERFORMED			IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBE	NT WAS UNDERLY	ING 2	B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(II In Boltin	nore City, give exact location)
DEATH (notify	medical examiner	e	ich	nince biogs, indokt occok:		
21 D. TIME	(Month) (Doy)	(Yeor) (Hour) 2	E INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
OF INJURY		y	Vhile At Work At Work	· -		
22 1	41 -4 (1) (41 - 1		711 110 11		19.50ta	6/15/5
			the deceased from			6//5/7/19
110-0-1	last saw the dec					pinion deoth occurred on the d
ond haur one	d from the cause:	s stoted above.	(1) (We) (did) (did not)	view the body ofter death	round dea	4 by soN 2-0
23ATHONATU	IRE V	1/				23 B. DATE SIGNED
arom	an 5.0	Varse	Un / DEGREE Ph	ending Med. Director	Staff Phys.	0/16/71
23 C. PHYSICIA	N'S		X	23D. ADDRESS		7
1	Thomas L.	Worsle	y O M.D. DEGREE	6505 York F	Rd. Balto	. Md.
24A. BURIAL CRE	MATION, 24R, DA		NAME OF CEMETERY OF CE			(City, town, or county) (State)
ker Ent		T.	orraine Maus		Balto. Md	
25A. DATE REC'D	BY HEALTH DEPT.	258. NAM	OF REGISTRAR	25C. FUNERAL DIRECTOR		• ADDRESS
111N 1 7 9	art Robert	E. Jaben	KD.	10.77-2		
VS 150-REV. 1/1/		- 1 - 3	7 U 	Theolastica of	LUCK III	c. Balto. Md.

50 6/15/71 England by six 2 mg Lemon & War serry

VS 150-REV. 1/1/68

Alvarado Sa.

7	.1	Law a Printer printer	BALTIMORE CITY	HEALTH DEPARTMENT		71 5777
HITH NO.	4 71 5			TE OF DEATH	REG. NO.	7- 0/11
NAME OF DE	CEASED William	Emerson :	Drussell Sr.		ND HOUR OF DEATH	
Type or Print)		LIAM		4. USUAL RESIDENCE WHA. STATE 8. COU	114/21	19:301 N
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	A. STATE B. COU	ere deceased lived. If it	nstitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSP	TAL OR INSTITU	TION, GIVE STREET	MO	•	27.58
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
/		, ,,		BALTIMER	20	YES NO
UNION	MEMORIAL	1650	PITAL	E. STREET AND NUMBER		YYYY
				1737 W	AU ER LY	Way .Way
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years)	Months Days Hours Min.
m	W	WIDOWED		3-29-91	00	
OA. USUAL OCC	CUPATION (Give kind of wo	108 KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
one during most o	f working life, even if refired	120	ity of Detr bit	PENNSGL	NAMA	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA		erich
luis	CIAN !	n o	=1.	CAR LIN	¿ me	20016 14
5 Wes Decense	d Ever in U. S. Armed F	erces?	6. SOCIAL	17. INFORMANT		ADDRESS
	d Ever in U. S. Armed F	ites of service)	SECURITY NO.			
yes	ww 1		370-34-2157	MEDIKAL	, he co	
18. 4-1	2.41		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH			A504	10	
This does	not mean the mode of	-	(A) IMMEDIATE CAL	SE		YEARS
heart failure	, asthenia, etc. It mean	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or co	mplication which cause					
	ANTECEDENT CAUSE	S	(B)			
	OR CONDITIONS, IF		DUE TO, OR AS	A CONSEQUENCE OF:		
	he above cause (A IG CONDITION last	stating the	(c)			
-	11					
	FICANT CONDITIONS C					
TO THE DEA	NTH BUT NOTRELATED TO CONDITION GIVEN IN PA	THE TERMINAL				
	F OPERATION 119% CO		HICH OPERATION	20A AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
	-		-	No		
OR CONTRI	ENT WAS UNDERLYING	home	LACE OF INJURY (e.g., i form, foctory, street, o	n or about 21 C. WHERE DID	(If In Boltimo	re City, give exact facation)
DEATH (notif	ly medical examined	etc.)	-			
OF INJURY	(Month) (Day) (Yea		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	-	- While	Not While	• 🗆		
22 1	y that 10 (this hospit			5-19	19 2/ to	6-14 1971
			/ -	19.7/ and t		
	last saw the decea					inian death accurred on the dat
		ated above. (l)	(Me) (did) (did not) v	lew the bady after death	•	
23A. SIGNAT	URE	1.				23B DATE SIGNED
Res	ta a.	Rea	M D DEGREE Phy	nding Med.	Staff Phys.	0/14/21
23C. PHYSICI NAME	ANS	,		23D. ADDRESS		
6	A. RZ	20 10	0	UK-10 M.	EM oRIAL	Margarel
24A. BURIAL CR	EMATION 1248, DATE	24C. NA	ME of CEMETERY OF CR			ity, town, ar county) (State)
REMOVAL	Gregita 6/17/		Parkwood Cem.	and the same of		
SWEET X	D BY HEALTH DEPT.	258. NAME O		25C, FUNERAL DIRECTO	altimore, Md	• ADDRESS
AR ORD 4	MA 40178	236. NAME OF	ACD TRAK		Ruck Inc. Ba	
JUNE	7 19/1 (1834	Es Back	9)	The state of the s	Tuck Inc. Da	100. Mu.
VS 150-REV. 1/1	/68			1 11 1 1 1		



FUNERAL DIRECTOR: IMPORTANT

16-3	355	le se	BALTIMORE CITY	HEALTH DEPARTMENT	V 17	4 56/70	1
BIRTH N	0. 71 5778	3	CERTIFICA	TE OF DEATH	REG. NO.	1 5778	
1. NAME	OF DECEASED	- 5		2. DATE	AND HOUR OF DEATH		
BEC	HMAN, KATHRYN	Α		JUN		4:00	Α
3. PLAC	E IN BALTIMORE, MARYLAND, W	HERE PRONO UN	CED DEAD	4. USUAL RESIDENCE IN	here deceased lived If in	titulion: residence before	odmission)
FULL NA	AME OF UF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET	MARYLAND		COUNTY 5	21
HOSPITA	UON WDDKE22 OK FOCA	ATION)		C. CITY OR TOWN		DE CITY LIMITS?	201
1	AGNES HOSPITAL	45		BALTIMORE		YES NO	
	KENS & CATON AV TIMORE MD 21229			E. STREET AND NUMBER		21171	- 0
5. SEX	6. RACE	-	1		OD AVENUE	212	
FEM		MARRIED	, [7]	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Un Months; Doys Hours	der 24 Hrs. Min.
IOA. USU	AL OCCUPATION (Give kind of work	WIDOWED 10B KIND OF B	DIVORCED USINESS OR INDUSTRY	02 06 84	87		1
done durin	a most of morking life, even it refired)]			preign country)	12. CITIZEN OF WHAT	COUNTRY?
13. FATHE	MEMAKER ER'S NAME, J.	IWO	N HOME	MARYLAND		USA	
	LLIP BECHMAN		DEC ID	14. MOTHER'S MAIDEN N	MAR Y		EC ID
California di		2				U	EC 1D
	Deceased Ever In U.S. Armed Fore unknown) (If yes, give war or dote:		6. SOCIAL SECURITY NO.			TIMOREDRIND	21229
NO			216461213		OSPITAL WIL	KENS & CAT	ON AV
18.	11211		CAUSE OF DEATH	1.00		APPROXIMATE BETWEEN ONSET	
	DISEASE OR CONDITION DIR	ECTLY	COL	opbed + Le	1948	WAMA	
(This	does not mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE AP 10.00	501070515	494	12
injury	failure, asthenia, etc. Il means or camplication which caused	the disease, death.)	00010,0000	,	,	,	
	ANTECEDENT CAUSES		Cana	a A = -1 la =	tand	would	200
DISE	ASES OR CONDITIONS, If a	ny, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	VIELLHI +		878
UND	la lhe abave cause (A) ERLYING CONDITION last.	stating the	(a)		III IELIOIAN	Sc/610212	
	11		(c)	*******************************			
OTHE	SIGNIFICANT CONDITIONS CON	NTRIBUTING	P 1	20	AgymobolA	sener	181
S IDISEA	TE DEATH BUT NOT RELATED TO THE SE OR CONDITION GIVEN IN PART	1 (A).	1.160001	61102100	ASCITES	11001	1/2
19A.D	ATE OF OPERATION 198, CONE	ORMED	ICH OPERATION	20A- AUTOPSY? (Yes or	No. 208 IF YES, WERE FIL	NDINGS CONSIDERED	
21A. A	CCIDENT WAS LINDERLYING CT	[218.84	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1400			
OR CO	CCIDENT WAS UNDERLYING DONTRIBUTING CAUSE OF Indiffy medical examines	home,	form, foctory, street, offi	or about 21 C. WHERE DID	(if In Boltimore	City, give exoct location)	
01			***************************************	74			
OF IN	JURY	(Haud 21E, IN	JURY OCCURRED At Not While	21F. HOW DID IN	IJURY OCCUR?		
		Work	At Wark		and problem to the last security of the last securi		
	certify that X) (this hospital)			NE 4	19 71_10_JUN	16, 1	9_71_
	() (we) last saw the deceased			1971ond 1	that in my) (aur) apini		n the date
and h	aur and from the causes state	d abave. XIX (V	Ne) (did) X()X()X()X() vf	ew the bady after death	•		
234.5	IGNATURE)			2	38 DATE SIGNED	
1	1 B. Bures	ware	MID DEGREE Phys.	ding Med. Director	Staff Phys. (06 16 71	
13 C. PI	HYSICIAN'S DAVID A.	AERRY Y	M.D. 2	D. ADDRESS			0
	DHOLD H.	1666	WILL DECREE	St. Aque	s' Hosp.	Rollo m	lb.
24A. BURIA	AL CREMATION, 24B, DATE		of CEMETERY OF CREA			lown, or county!	(Stotel
Bur	ial 6/19/71	Ho]	Ly Redeemer	B	altimore		Md.
25A. DATE	REC'D BY HEALTH DEPT 1071	258 NAME OF R	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS	
	AAUT (19) I	ناهن ديا	Valley M.D.	H.W. Jenkin:	Md 21212	. 4905 Yor	K Kd.
VS 150-RE	V. 1/1/68						

programme to the first NAME OF TAXABLE PARTY. (Table 1984 SHESTER BY CHEST MAY A PART OF THE STATE OF Militeria di Periodi in il il ili senatora il serificio

25A. DATE REC'D

VS 150-REV. 1/1/68

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M-246 71	חלייויים		BALTIMORE C	ITY HEALTH DEPAR	TMENT		ma	EDD A	100
BIRTH NO.	. 3/13		CERTIFIC	ATE OF DE	ATH	REG. NO.	/1	57773	
1. NAME OF DECEASED (Type or Print)	Jam	nes W.	McElroy			16, 1971	тн	1 9	P
3. PLACE IN BALTIMORE,	MARYLAND, WHER	E PRONOUNCE	D DEAD	4. USUAL RESID	ENCE (Where	doceosed lived I	f institution:	residenco befo	ro odmissio
INSTITUTION	NOT IN HOSPITAL O)N)		Maryla c. city or town Baltimo	nd N		NSIDE CITY		12
00 5310) St. Alba	ans Way	·	E. STREET AND	NUMBER	ans Way	YES] 00	
	VV w	IDOWED	EVER MARRIED [1 4-26-18	92	AGE (In years ost birthday)	If Und Months	er 1 Yr. If L Days Hour	Inder 24 H
10A. USUAL OCCUPATION done during most of working life Ret [†] d. Pres	, even if retired}		onal Ban			n country)	1	J.S.A.	
13. FATHER'S NAME				14. MOTHER'S M					
	ony B. Mo	9		Elizabe	eth Mo	rrison			
(Yes, no or unknown) (If yes,			ECURITY NO.	17. INFORMANT				ADDRESS	
Yes W	WI	21	7-14-110			ne M. M	_	/ Sar	ne
hearl failure, asthenia, injury or camplication ANTECED DISEASES OR CONTrise to the above UNDERLYING CONDI	which caused deal PENT CAUSES DITIONS, if any, cause [A] slai	oivina	(B)	AS A CONSEQUENCE	OF:				
OTHER SIGNIFICANT CO TO THE DEATH BUT NO V DISEASE OR CONDITION	TRELATED TO THE TEL	RMINAL	******************	2000 6 6 6 6 6 6 7 7 7 9 9 9 9 9 9 9 9 9 9 9	THE STATE OF THE STATE STATE OF THE STATE OF		***********		
OTHER SIGNIFICANT CO	WAS PERFORM	AED		20A. AUTOPSY?	2	20B, IF YES, WER IN CERTIFYING C	E FINDING	CONSIDERED DEATH?)
OR CONTRIBUTING	CAUSE OF	hame, lon	E OF INJURY (e.g. n, factory, street,	"in ar about 21 C. WHI office bldg., INJURY C	ERE DID DCCUR?	(if In Baltim	are City, gi	ve exact lacation	n)
21D. TIME (Month) OF INJURY (APPROX)	(Day) (Your) (Ha	While At Work	RY OCCURRED Not W At Wo	hile 🔲	ענאו סום א	RY OCCUR?			
22. I certify that (1) (that (1) (we) lost saw ond haur and from the	the deceased oll	Ive on	6115	19 7 /	and that	In(my) (our) o	June plnian dec	1 G	19 <u>7/</u> on the do
23A. SIGNATURE	y mart	tin m). D. A	ttending Med.		off _	23 B. DA	TE SIGNED	1971
	. Lay Ma	artin /	M.D.		Calver	t Street			
24A. BURIAL CREMATION, REMOVAL (Specify)	24B, DATE	24C. NAME o	CEMETERY OF	REMATORY	24D. LOC	CATION (City, town,		(Stotel

25C. FUNERAL DIRECTOR

8

Sons Road

Co. Balto.

ADDRESS

Md.

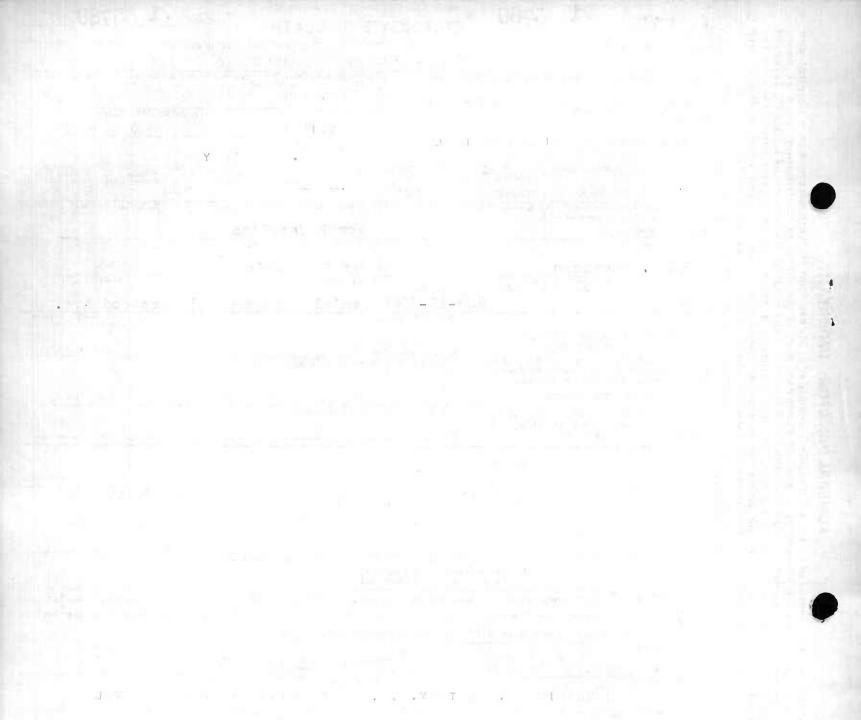
21212

254 NAME OF REGISTRAR



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1, N	1 - 196 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1, N)-120 71 5781	CERTIFICA	TE OF DEATH REG. NO. 71 5780
	IH NO.		
	AME OF DECEASED	CI TIL. 1700	2, DATE AND HOUR OF DEATH
		EL THOMPS	
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO LL NAME OF IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		A. STATE B. COUNTY MARYLAND
HO	LL NAME OF 11F NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?
13	9 1		BALTIMORE YES NO .
2	THE JOHNS HOPKINS	OSPITAL	E. STREET AND NUMBER
			1525 N. BROADWAY
5. 5	EX 6- RACE 7- MARR	LED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years It Under 1 Yr., Il Under 24 Hrs. Months; Deys ; Hours ; Min.
104	MALE BLACK WIDOV	VED DIVORCED	07-08-22 48
	during most of working life, even if refired)	AL BONINESS OF HADOSIKI	116 SIXTHFEACE (SIGNS OF FOTOIGN COUNTRY)
L	ongshoreman		North Carolina
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	John L. Thompson		Estelle Davis
15.	Was Deceased Ever in U. S. Armed Forces?	I & SOCIAL	IT. INFORMANT ADDRESS
(Yes			
	No	239-12-2860	
	18,410,91	CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY	VENTRIC	ULAR TACHYCARDIA
	LEADING TO DEATH	(A) IMMEDIATE CAL	JSE / / /M / / /
	(This does not mean the mode of dying, heart failure, esthenia, etc. it means the dise		A CONSEQUENCE OF:
	injury or complication which caused death.)	·	
	ANTECEDENT CAUSES	IN ANTERIC	OR MYOCARDIAL INPARCTION 36 HRS
	DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating		
	UNDERLYING CONDITION last,	(c)	
Z	UNDERLYING CONDITION lest.	(c)	
HON	UNDERLYING CONDITION lest. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	(c)	
CATION	UNDERLYING CONDITION lest. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1. (A).	NG NONE	
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IMPORTANT

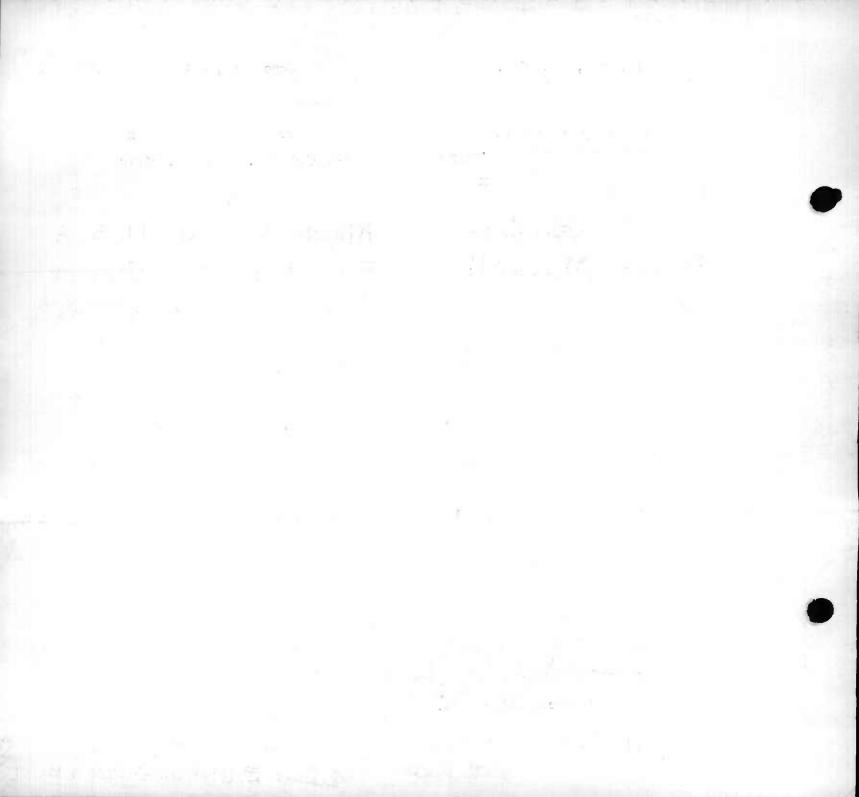
FUNERAL DIRECTOR:

1	L-000 71 5781 B	ALTIMORE CITY I	HEALTH DEPARTMENT	MA	cmQ4
BI	RTH NO.	ERTIFICAT	TE OF DEATH	REG. NO. 71	3/01
1,	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	JOHN LEE		6-15	71	1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD!	4. USUAL RESIDENCE (When	e deceased lived. If instit	utian: residence befare admission)
III H	OSPITAL OR ADDRESS OR LOCATION)	CIVE STREET	MARYLAND C. CITY OR TOWN	BALT	TIMORE 906
6	2011 E 32ND STREET	4	BALTIM SREE E. STREET AND NUMBER	30 nd, 61	ES NO .
5.	SEX A 6. RACE A 7. MARRIED LINEVI	ED MADDIED [7] 8.		AGE Ila vege	I Hadas I Va If Hadas 24 H
	WIDOWED	DIVORCED	4-4-04	ast birthday)	Under 1 Yo. If Under 24 Hrs.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE	SS OR INDUSTRY I	1. BIRTHPLACE (State or foreign	67	2 CITIZEN OF WHAT COMPANY
COL	te during mast of warking life, even if refired)	1		gii Cooniiy)	2. CITIZEN OF WHAT COUNTRY
	Steel Worker Bethlehen		SICI		USIT
134		14	4. MOTHER'S MAIDEN NAM		
	CHARLIE LEE		MARY AB	LE	
15. (Ya	Was Deceased Ever in U. S. Armed Farcas? s,na ar unknown) (If yes, give war ar dolas of sarvice) SEC	URITY NO.	7. INFORMANT		ADDRESS
	213-		MRS CLARA	LEE 201	IE TAND ST
_	18. / 4 / B	AUSE OF DEATH	INS CEITING	FEE NOT	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	44 0 1	1.0		BETWEEN ONSET AND DEATH
	I FADING TO DEATH	Mexast	atu Carcino	ma of Pro	Tele 2
	I ville does lidt meett toe made at avida, e.a.	DUE TO, OR AS A	CONSEQUENCE OF:		Syrs
	hearl failure, aslhenia, elc. Il means the disease, injury ar camplication which caused death.)	out to, ok ho h	DON'S EQUENCE OF.		
	ANTECEDENT CAUSES				
		DUE TO OR AS A	CONSEQUENCE OF:		
	I was the approx coose IN Statistic till	DOE 10, OK AS A	CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	=)		************	*******
7	11				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************	***************************************		
Ë	19A-DATE OF OPERATION 19B CONDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yas at No)	208, IF YES, WERE FINE	OINGS CONSIDERED
E	21A. ACCIDENT WAS UNDERLYING 21B PLACE C		ho		-
CAL	OR CONTRIBUTING CAUSE OF hame, farm, etc.)	F INJURY (e.g., in a factory, street, affice	e bldg., INJURY OCCUR?	(If in Baltimare Ci	ty, giva exact lacation)
NED!	21 D. TIME (Month) (Day) (Year) (Haus) 21E, INJURY OF INJURY	OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Ξ	(APPROX.) While At Wark	Not White [7		
				M /	
	22. I certify that (1) (this haspital) attended the decea that (1) (we) (ast saw the deceased alive on Man	sed from Ma	~) , , , , , , , , , , , , , , , , , ,	11 to Juh	
		1		t in (my) (our) o pinia	a death accurred on the date
	and have and from the causes stated above. (1) (We) (d	(did not) view	w the bady after death.		
	23Ar SIGNATURE	0		231	B. DATE SIGNED
	Monu Catter M	DEGREE Phys.	Med. S	toff hys.	6-16-71
	23C. PHYSICIAM'S NAME (Type)		ADDRESS		
	MICHAEL F. CARTER MI		01 No Broadu	n 14	1 2 - A WA . A 3 . 3 . 1
24A	BURIAL CREMATION, 1248, DATE / 124C NAME OF C	EMETERY OF CREM			more Mal 21205 own, or county) (State)
7	REMOVAL (Specify)	4	A	,	awif at cantifit (2)(a)(a)
25A	DATE-REC'DA AN HEALTHOUSET. 1998 NAME OF BEGIST	tus Me		LTG. md.	•
J	UN 17 19/1 Vaber & Jaiber 16 8.	C)	25C. FUNERAL DIRECTOR	. le aser	NORTH AVE
		V I	Lamresija	400 708 E	NIRTH ITVE



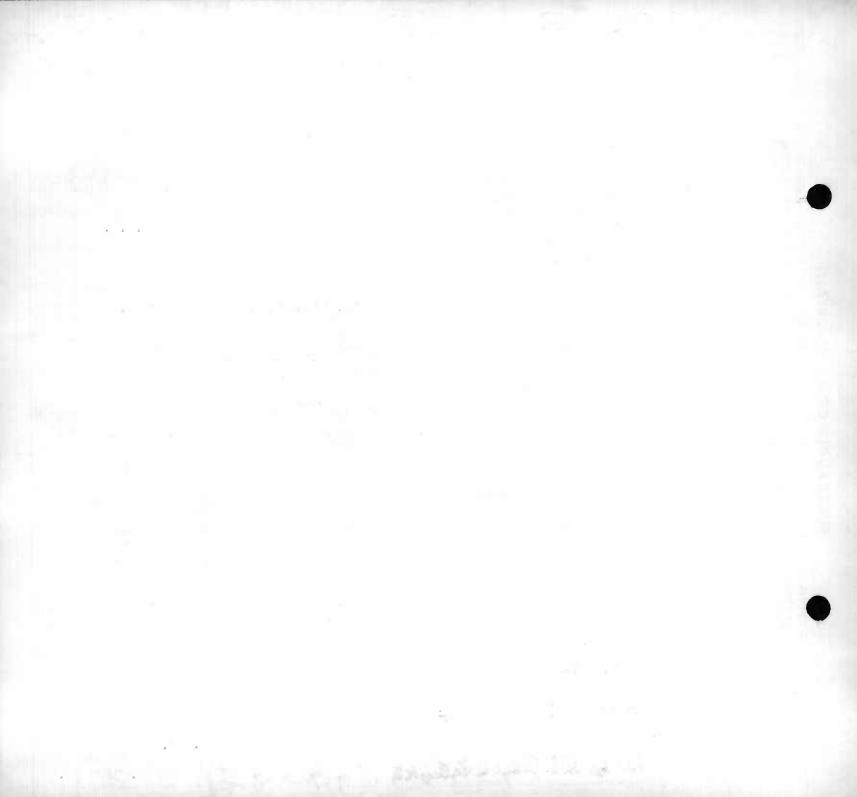
FUNERAL DIRECTOR: IMPORTANT

111 011/1 151	ATE OF DEATH × REG. NO. 71 5782
BIRTH NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Maxwell, Edmund A.	June 4th, 1971 6:35 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Raffo 5300
/// Saint Agnes Hospital	Baltimore YES T NO
Caton & Wilkens Aves. 21229	6124 Rich Ave. Balto Md. 21228
Male N Never Married Never Married Divorced	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR'	
Parter	Kingston, Jamaica U.S. A
FATHER'S NAME	14 MOTHER'S MAIDEN NAME
S. Was Daceased Ever in U. S. Armed Farces? (es, no or unknown) Uf yes, giva wor or dates of service) SECURITY NO.	IT INFORMANT UAMAICOL
SECURITY NO.	Jose phine Maxwell 6/24, Bich
18. 4 / CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ovasen hemorstage 10 hours
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury or complication which caused death.)	D. hypertension
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving Due to, or A	S A CONSEQUENCE OF:
	ensive teart disease c years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	congestive heart faither
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218. PLACE OF INJURY (e.g., home, form, fociory, street, of DEATH (notify medicol exomine)	in or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bidg., INJURY OCCUR?
21D-TIME (Month) (Doy) (Yeor) (Haw) 21E INJURY OCCURRED While At Not White At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the deceosed from	191019
that (i) (we) lost sow the deceased alive on	ond that in(my) (our) opinion deoth occurred on the date
ond hour and from the couses stated above. (!) (We) (did) (did not)	
23A. SIGNATURE CLE COLOR AMPIN	ending Med. Staff
Perfecto Valaro MD.	23D. ADDRESS
4A. BURIAL CREMATION, 24R. DATE 24C. NAME at CEMETERY OF CR	REMATORY 24D. LOCATION (City, lown, or county) (State)
Burial 6-8-71 Lorely	Lovely Md-Balto.
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAL	25C, FUNERAL DIRECTOR ADDRESS
JUN 17 1971 Pagel En Jaben 14 20	A Robert E. Williams 1701 N. Bone



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

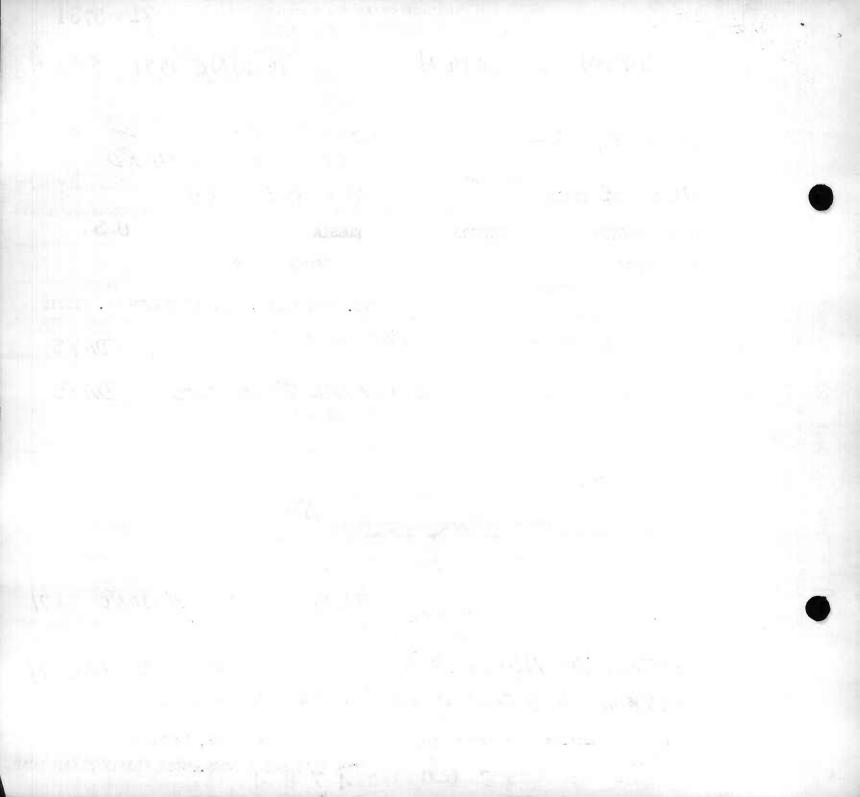
1	1,-420	2		BALTIMORE CITY	HEALTH DEPARTMENT	and the same of th	
10		71 5783		CERTIFICA	TE OF DEATH	REG. NO.	71 5783
	RTH NO.	SED		OLICITI TO			
	no or Printl	ollevec	chio	Maryon	MARIA 2. DATE AN	TO HOUR OF DEATH	16.80 P
3.		ORE MARYLAND, W				ere deceased lived. If in:	stitution; residence before admission)
	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	A 5001	***	201
IN	STITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1	27	200	,			ore	YES # NO .
L	2/	Mercy	/		E. STREET AND NUMBER	(6 max1.	<
5.	SEX 6.	RACE	7- MARRIED WIDOWED	= =	8. DATE OF BIRTH 12-23-86	9. AGE (In years last birthday) 8 4	If Under 1 %. If Under 24 Hrs. Manths Days Haurs Min.
dar	N. USUAL OCCUPA no during most of wor HOUSEW	ATION (Give kind at wark king life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lare ITALY	ign cauntry)	12. CITIZEN OF WHAT COUNTRY
l	FATHER'S NAME	dade dad			14 AAOTHER'S AAAIDEN NA	445	
	TAINER 3 HAINE	DI GIOVAN	NI		14. MOTHER'S MAIDEN NA	ME	7
15. (Ye	Was Deceased Ev	er in U. S. Armed For yes, give war ar date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO				MRS. DENA ABAT	O EDNO	OR RD.
	18.436	9		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY		acube 10	0 . 00	/-
	(This does not	mean the made of	dving, e.g.,	(A) IMMEDIATE CAU		eline 2	U
	heart failure, ast	lhenia, eIc. II means calian which caused	the disease,	DUE IO, OK AS	A CONSEQUENCE OF:	2	
		TECEDENT CAUSES	404111,7	11-01	10 DataCI	A Low dehr	dialia
		CONDITIONS, if	anv. aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:	1 1	1
	rise to the	above cause (A)		(c) Chron	i colecupht ?	5 Rosunding	charlengtis.
7		11				-	
은	TO THE DEATH B	NT CONDITIONS COL	IE TERMINAL				
N N	19A-DATE OF OF	DITION GIVEN IN PAR	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes at No) 208, IF YES. WERE F	INDINGS CONSIDERED
CERTIFICATION	0	WAS PERI	ORMED			IN CERTIFYING CAL	JSES OF DEATH?
¥	21 A. A CCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF edical examiner)	21B. home elc.)	PLACE OF INJURY (e.g., in s, farm, factory, street, of	ar about 21 C. WHERE DID	(If In Baltimare	e City, give exact lacation)
MEDIC	21 D. TIME (A	Aanth) (Day) (Year)	(Haut) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		Whil War	e At At Wark			
	22. I certify the	ot (I) (this hospital) ottended th			19 <u> </u>	/// / 197/
	that (I) (we) la	st sow the decease	d olive an	6/11/	19	*	ion death occurred on the date
	and haur and fr	am the causes stat	ed above. (1)	(We) (did) (did nat) v	lew the body ofter death.		loop Days Clours
	I STOTE OF THE STO	V. f. Des		/a > Atte	nding Med.	Shaff T	23B DATE SIGNED
	23C. PHYSICIAN'S	furn		DEGREE Phys	Director L	Staff Phys.	
	NAME (Type	Y V 1 V	L.	(In) MD			
24/	A. BURIAL CREMA REMOVAL (Spec	TION, 24B. DATE	24C. NA	ME et CEMETERY OF CRE	MATORY 24D. 1	OCATION (City	y, town, ar county) (State)
	BURIAL	6/I5/7		REDEEMER	1.101		
25/	A. DATE REC'D BY	WALTH DENTALES	258 NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	BALTO. Md.	ADDRESS
	J	IN TR IN	Vale 8	- Valla KA	June D. 00 -0		22 S. HIGH ST.
VS	150-REV. 1/1/68				Miles Pera	alle C	



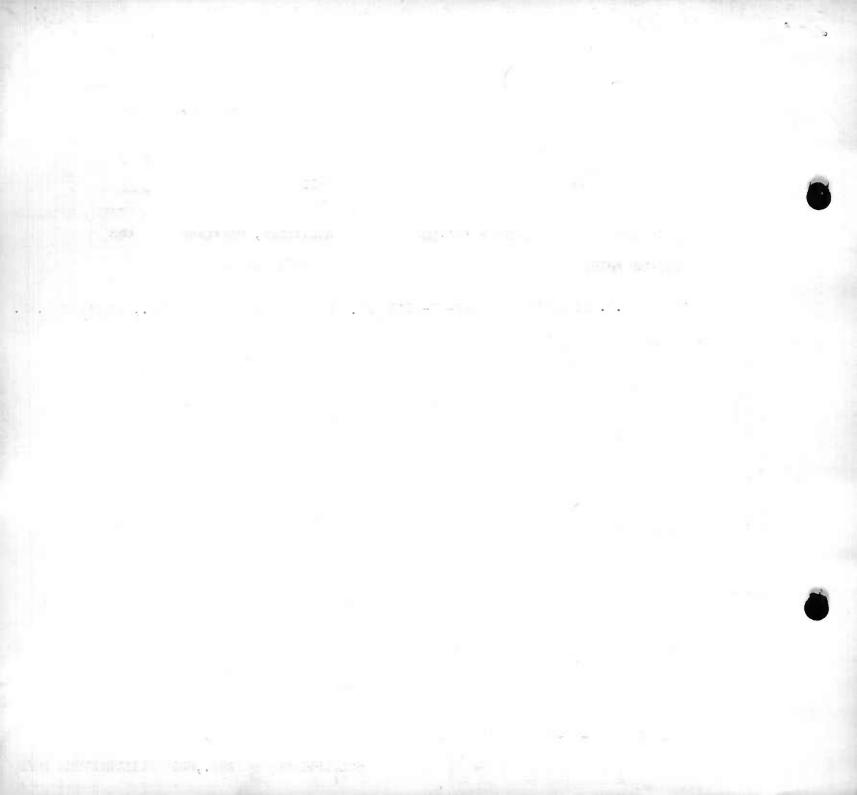
IMPORTAN

DIRECTOR:

FUNERAL



11/260 1 3/03 CEPTIEIC	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 71 5785
I, NAME OF DECEASED	
(Type or Print) MAZER, ALBERT	2. DATE AND HOUR OF DEATH 6 - 15 - 71 11 = 45 cm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) A. STATE B. COUNTY
HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES X NO [
SINAL HOSOITAL OF BALTIMORE	E. STREET AND NUMBER 2510 SUNTERSON RD. # 9
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	
MALE WHITE WIDOWED DIVORCED	8. DATE OF DEATH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
EXECUTIVE AUTO SUPPLIES	BALTIMORE, MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ABRAHAM MAZER	BESSIE HORWITZ
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
MES W.W. II ARMY 217-07-2543	MR. BERNARD MAZER 1 MACE AVE., KXXKKESSEX,MD.
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAN	ACONSEQUENCE OF: FAILURE!
heart laiture, asthenia, etc. It means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF: FAILURE
AMERICAN PARTIES	
(A) TECUPA	ENT C.A. OF RECTUM
dise to the above cause IA) stating the UNDERLYING CONDITION lost. (C)	A CONSEQUENCE OF:
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION WAS PERFORMED 00 R 21A. ACCIDENT WAS UNDERLYING 121B PLACE OF INJURY 10.2.	20A-AUTORSKY (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., independent of the contribution of the c	n or obout 21C. WHERE DID (If In Boltimore City, give exect location)
OF INJURY (Month) (Doy) (Yeo) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX) Wark At Work	
22. I certify that (1) (this hospital) attended the deceased from	6-2 19 7/ 10 6-15 19 7/
that (1) (we) lost sow the deceased alive an	19 I and that in (my) (our) apinian death accurred an the date
and haur and from the causes stated above. (1) (We) (dld) (dld nat) v	lew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
Phys	nding Med. Staff Phys. A 6-15-7
23C BHYSICIAARS	23D. ADDRESS
SAHASCHAI TUSIKABHUMMA	SINAI HOSPITAZ
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
BURIAL 6-17-71 BETH TFILOH	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH PEPTE BELL AMBOT RANGE	25C. FUNERAL DIRECTOR BROS., 6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	4/03



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

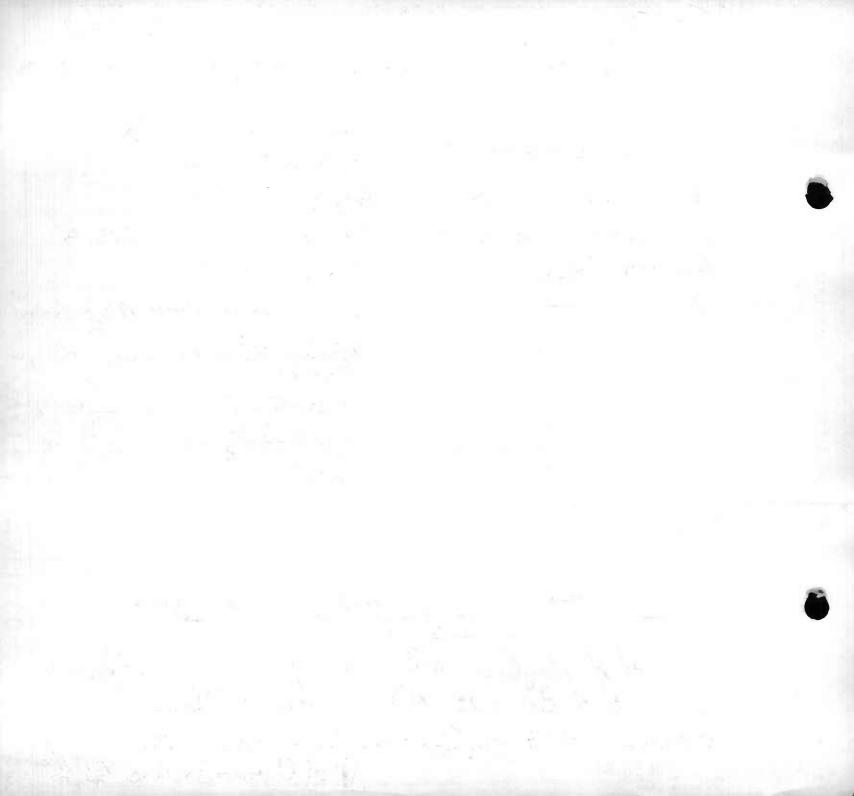
	BALTIMORE CITY	HEALTH DEPARTMENT		
G-6/6 71 5785	CERTIFICA	TE OF DEATH REG. NO.	71 5786	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	15 1	
3. PLACE IN BALTIMORE, MARTLAND, WHERE PR	NOUNCED DEAD	[4. USUAL RESIDENCE (Where deceased lived, If in	12 - A, M.	
		A. STATE B. COUNTY	sinulus, residence before damission)	
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland	2/19	
INSTITUTION		Baltimore D. INSII	DE CITY LIMITS!	
JOHNS HOPKINS HOSPIT	AC	E. STREET AND NUMBER	YESXXX NO	
33		3818 W. Rogers Avenu	0	
5. SEX 6. RACE 7. MARE	MED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.	
Female White WIDON	MED DIVORCED	7/19/57 lost birthdoy) 13	Months Days Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
The state of the s	SCHOOL SCHOOL	PAITIMODE MADVIAND	USA	
13. FATHER'S NAME	SCHOOL	BALTIMORE, MARYLAND	USA	
Earl Gerber		RAYDA Diamond		
15. Was Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT	ADDRESS	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! life yes, give war or dotes of servi	SECURITY NO.	THE CHANGE	ADDRESS	
NO		MKSMR. EARL GERBER, 3818 W.	ROGERS AVENUE	
18. 746.11	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY		0.1	BETWEEN CHOSET AND DEATH	
LEADING TO DEATH	(A) IMMEDIATE CAU			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)		11.11.		
ANTECEDENT CAUSES	(ongen)	tal Heart Disease - severe		
DISEASES OR CONDITIONS, if any, gir	ving DUE TO OR AS			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the Ironipus	turned the great Verrels, 115	0.0	
ONDERENTO CONDITION JUST	(C)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	range (and the property of the		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NC			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY! (Yes or No.) 20B. IF YES. WERE F	NDINGS CONSIDERED	
WAS PERFORMED		NO IN CERTIFYING CAU	SES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., ir home, form, foctory, street, off	or obout 21 C. WHERE DID (If In Boltimore	City, give exact location)	
	elc.)	ice pidd listokt occok:		
DEATH (notify medical examiner)				
0	215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?		
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED While At Not While Work Not While At Work	'0		
21D.TIME (Month) (Doy) (Year) (Hour) Of INJURY (APPROX.) 22. I certify that (i) (this bookta) attended	21E INJURY OCCURRED While At Not While At Work and the deceased from	6-15 197/ to 6	-/619_ <u>7/</u>	
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work and the deceased from	6-15 197/ to 6	-/619_7/ Ion death accurred on the dote	
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this benefit attended that (i) (me) last saw the deceased olive	While At Not While At Work At Work At Work	19 7/ and that in(my) (opin		
21D.TIME (Month) (Doy) (Year) (Hour) Of INJURY (APPROX.) 22. I certify that (i) (this bookta) attended	While At Not While At Work At Work At Work	19 7/ and that in(my) (opin		
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21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this bound attended that (i) (max) last saw the deceased oliver and hour and fram the causes stated above 23A-SIGNATURE ADJULLO, MADOU	21E INJURY OCCURRED While At Not While At Work ed the deceosed from Gan G / B e. (1) (122) (d1d) (122) vi DEGREE Phys	19 7/ to 6 19 7/ and that in(my) (***) opin lew the body after deoth.	ion death accurred on the date	
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this limited) attended that (i) (max) last saw the deceased olive and hour and fram the causes stated abave 23A-SIGNATURE 23C.PHYSIC/ANTS NAME (Vype)	21E INJURY OCCURRED While At Not While At Work an 6 /6 a. (1) (Ma) (did) vi DEGREE Phys	19 7/ to 6 19 7/	ion death accurred on the dote 238, DATE SIGNED 6-16-71	
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this I that) attends that (i) (ma) last saw the deceased oliver ond hour and fram the causes stated abave 23A-21GNATURE 23C.PHYSIC/ANTS NAME (Type) Joseph Moore	while At Not While At Work at the deceosed from 6 / 6 a. (1) (Max) (did) (did) vi DEGREE Phys	19 7/ to 6 19 7/ and that in(my) (em) opin lew the body after deoth. Iding Med. Staff Director Phys. 2 3D. ADDRESS The Johns Hopkins Hosp:	ion death accurred on the date 238, DATE SIGNED 6-16-71 tal	
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this benefit) attended that (i) (ma) last saw the deceased oliver and hour and fram the causes stated abave 23A-SIGNATURE 23C.PHYSIC/AN'S NAME (Type) JOSEPH MOORE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE	21E INJURY OCCURRED While At Not While At Work ed the deceosed from Gan G / B e. (1) (122) (did) (122) vi Degree Phys	19 7/ to 6 19 7/ and that in(my) (em) opin lew the body after deoth. Iding Med. Staff Director Phys. 2 3D. ADDRESS The Johns Hopkins Hosp:	ion death accurred on the dote 238, DATE SIGNED 6-16-71	
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21D.TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this look that (i) (me) last saw the deceased oliver and hour and fram the causes stated abave 23A-SIGNATURE 23C.PHYSIC/AN'S NAME (Type) JOSEPH MOORE 24A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B, NAM	while At Not While Work At Wor	19 7/ to 6 19 7/ and that in(my) (opin lew the body after deoth. Inding Med. Staff Phys. 23D. ADDRESS The Johns Hopkins Hosp: MATORY 24D. LOCATION (City BALTIMORE, MARY) 25C. FUNERAL DIRECTOR	ion death accurred on the date 238, DATE SIGNED 6-16-7/ tal , town, or county) (State) LAND ADDRESS	
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this look attended that (i) (ma) last saw the deceased olive ond hour and fram the causes stated abave 23A-SIGNATURE 23C.PHYSIC/APS NAME (Yype) JOSEPH MOORE 24A. BURIAL GREMATION, 24B. DATE 24A. BURIAL GREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	while At Not While Work At Wor	In the section of the	ion death accurred on the date 238, DATE SIGNED 6-16-7/ tal , town, or county) (State) LAND ADDRESS	

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DIRECTOR:

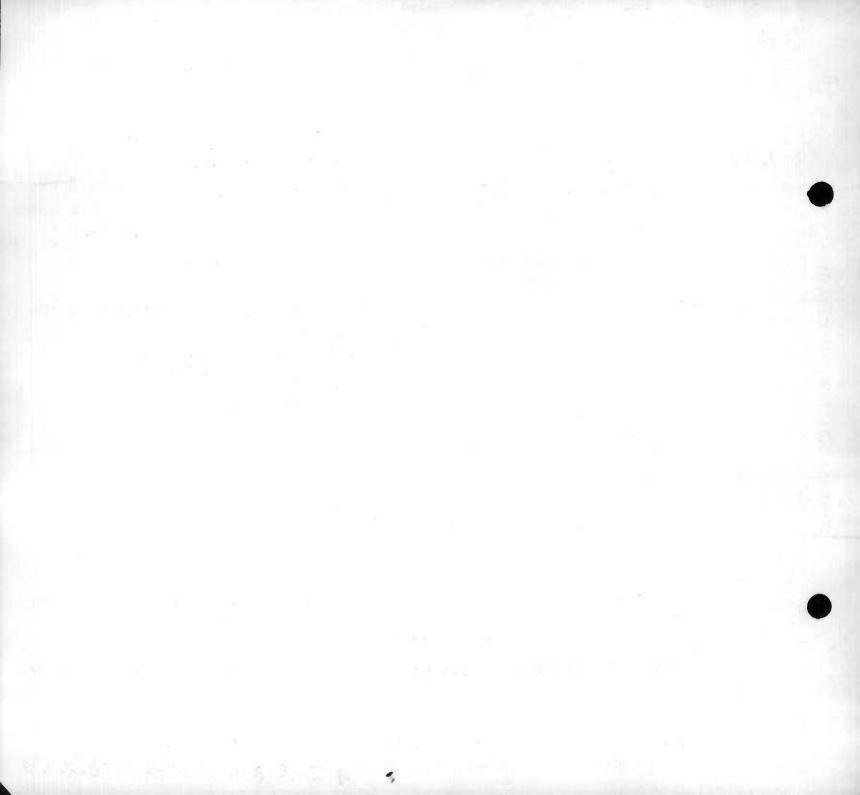
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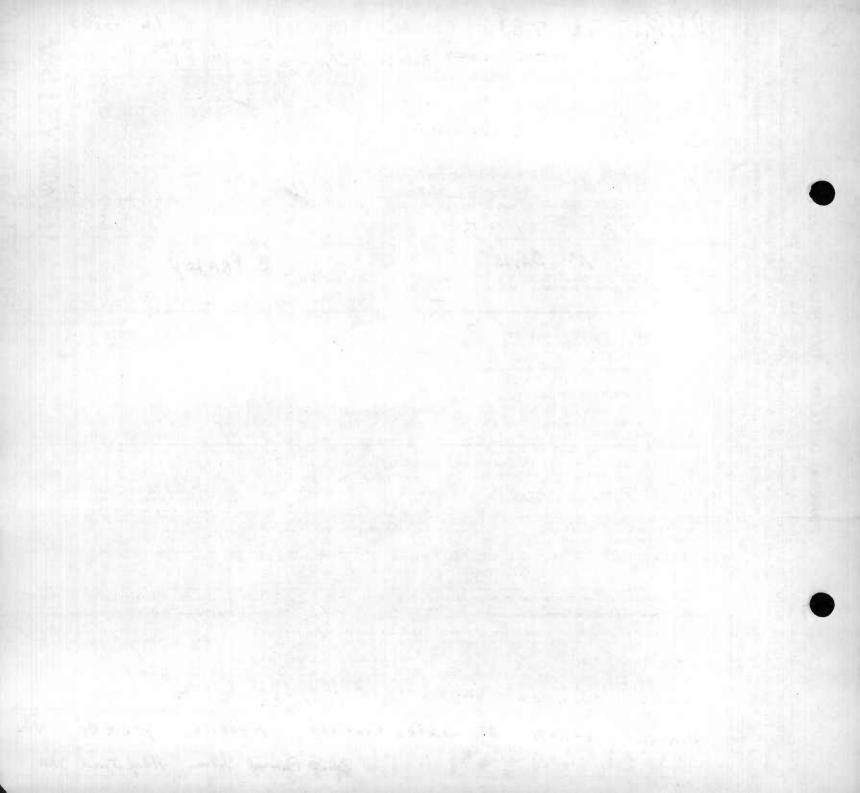


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of approved by the chief medical examiner or his assistant if death occurred in a hospital and a to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.
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rele recic a he
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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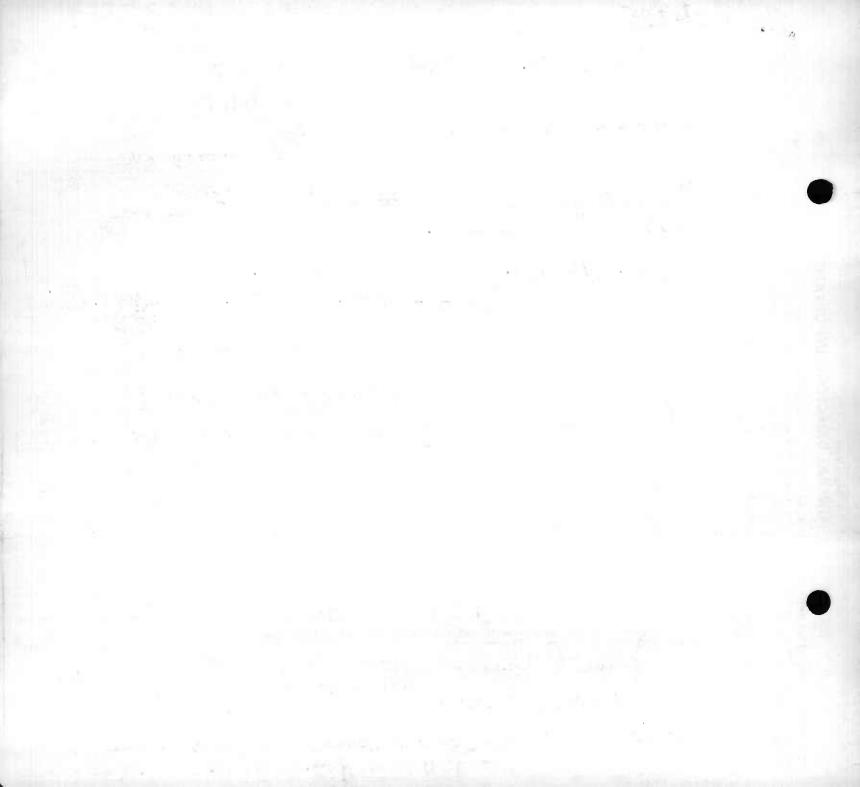
	5-655 71 5788		HEALTH DEPARTMENT	71	5788		
E	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.			
ď	NAME OF DECEASED Type or Print) LARISTINA SCL	eu. Em AN	2. DATE AND HOUR OF DEATH				
	S. PLACE IN BALTIMORE, MARYLAND, WHERE PA	4. USUAL RESIDENCE (When	o docoasod lived. Il instit	lutian: residence befare admission)			
1	FULL NAME OF (IF NOT IN HOSPITAL OR I	MD.		2759			
	NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	Mean HASE	E. STREET AND NUMBER					
	THEREY (1951.	4327 MAKBLE HAKE KD.					
5.	FEMALE (AUCATIAN) WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Ye. Il Under 24 Hrs. Months: Days Haurs Min.				
	DA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working lile, even if retired)		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	HOCKEUFE		MD.		0. J.A.		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM					
	ANTON HUBA	TA	UNOBTA	WABLE			
15	i. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yos, givo wor or datos af son	ico) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO		LOUIS SCHEUCKA	19K) 4327 MA	BREHOW RB.		
	18. 432 71	CAUSE OF DEATH	Λ.		RM SETWEEN ONSET AND DEATH		
9	Comment of Control of						
	This does not more the mode of this was a first the course to CORPIN TRANSPORTED IN THE COURSE TO CORPIN TO THE COURSE TO CORPIN TO THE COURSE TO CORPIN THE COURSE TO COUR						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused dooth.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: PAGE RESCUE: STARTERY LA FARCTION 2: TO BASILAR ARTERY						
	ANTECEDENT CAUSES (B) Th Rom Bosis						
	DISEA SES OR CONDITIONS, if ony, giving nise to the obave cause (A) stating the						
	UNDERLYING CONDITION last, (c)						
2	11						
1 2	TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
CEPTIFICA		FOR WHICH OPERATION	20A-AUTOPSY? (Yos of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
1 2		218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		ity, give exact location)		
IA D		home, form, foctory, street, off	ce bldg., INJURY OCCUR?	In in sommore C	ny, give exoct isconon;		
MEDI	OF INJURI	21F. HOW DID INJU	RY OCCUR?				
"	TAPPROXI	While At Work At Work					
	22. I certify that (this hospital) ottended the deceased from 5-26 19-71 to 6-15 19-71						
	that (+) (we) last saw the deceased alive on 6 - 15 19 - and that in (my) (aur) opinion death accurred on the date						
	ond haur and from the causes stated above. (4) (We) (did) (did not) view the body after death.						
	238, SIGNATURE Attending Med. Stoff 57						
	23C. PHYSICIANS Attending Med. Stoff Med. Stoff Med. Stoff Med. Stoff Med. Stoff Med. Stoff Med. Med. Med. Stoff Med. M						
	NAME (Type)	TA	D. ADDRESS				
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREE	MATORY 24D. LO	CATION (C:	our or country (51-4)		
	REMOVAL (Specily)	A		-	own, or county) (State)		
25	A. DATE REC'D BY HEALTH DEPA 255 NA	ME OF REGISTINAR	25C. FUNERAL DIRECTOR	w., 100	ADDRESS		
	JUN 18 19/1 Valent E. 4	ander and	OUXEZH FUR	RAL HOLLE, B	D. ADDRESS 2×206		
VS	150-REV. 1/1/68	7.7	1 10.00				



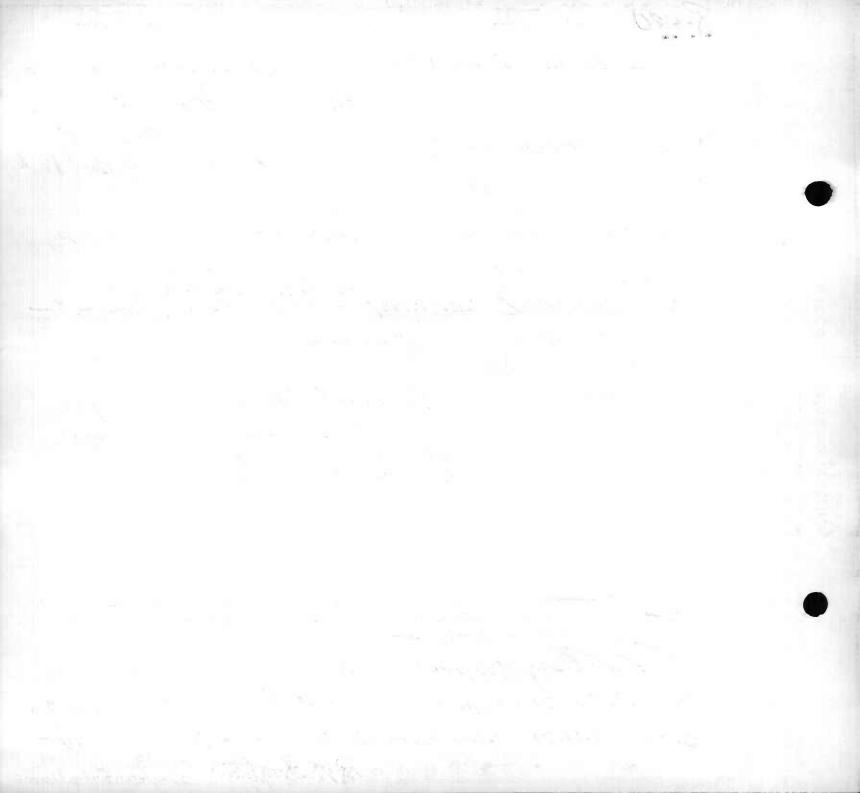
-	10.04			BALTIMORE CITY	HEALTH	DEPARTMENT	/	Iron A	0.0	4
	1-10055	71 578	39	CERTIFICA	TE O		REG. NO.		5789	1
	pe or Print) DAVI	s, BAB	y le	Robert	ALLE	2. DATE 1	14-71,	12 not	~	M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY					
H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)			MI	· ^	los mos-	INSIDE CITY	536	10	
IN	Sinai Hon	11-10	1 00	altimore	Baltimore YES NO .					
1	Dinai Hor	nfal (6		E. STREET AND NUMBER					
D					4729 Bonnie B/Zae Rd. #28					
S.	SEX 6. RACE	7. M	ARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years lost birthdoy)		er 1 Yr. If Under	
			DOWED		6-1				66	30
	N. USUAL OCCUPATION (G ne during most of working life,		KIND OF		11. BIRTH	IPLACE (State or fo	reign country)		SA	UNTRY?
13.	FATHER'S NAME				14. MOT	HER'S MAIDEN N.	AME			
L	George		VIS.		M	rary B	PRALCY	/		
	Was Deceased Ever in U. s, no or unknown) (If yes, gir			6. SOCIAL SECURITY NO.	17. INFO	CTHAMS	/		ADDRESS	
F	NA				K. SI	AU, MD .	Sina	ritton	ortal of 181	elto
	18.77	18		CAUSE OF DEAT	н				APPROXIMATE INTE	
	DISEASE OR CONDITION DIRECTLY				2	. /	1		1 V 1 ~	/
	LEADING TO DEATH				ISE /	rematur	rely		6/2 100	
	hearl foilure, asthenia,	hearl foilure, aslhenia, etc. II means the disease,								
	injury or camplication v		In.)							
		INT CAUSES		(B)DUE TO, OR AS	A CONST	01151165 05				
	rise to the above			DUE TO, OR AS	A CONSE	QUENCE OF:				
	UNDERLYING CONDIT	ION lost.		(c)						
ATION	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT			9 Precemo	nia	Vi. Ate	lectario			
Q A	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION				20A.	AUTOPSY? (Yes or I	No) 208. IF YES, WE	FRE FINDING	CONSIDERED	
ERTIFIC	WAS PERFORMED			N		IN CERTIFYING	CAUSES OF	DEATH?		
CAL CE	21A. ACCIDENT WAS UPOR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	AUSE OF	21 B. home	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or about ffice bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Bolt	imare City, gi	ve exact lacation)	
E C	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED					21F. HOW DID IN	JURY OCCUR?	-		
Z	(APPROX.)			While At Work At Work						
	22 1	Lindania IV ass			. 14		197/ ta 6	. 14.	192	71
	22. I certify that (1) (* that (1) (we) last saw			C. 114:	19	·7 /				-
							that in(my) (our)	apinian ae	arn accurred an r	ne gare
	and haur and fram the 23A. SIGNATURE	causes stated a	bave. (1)	(We) (did) (did-not) \	iew the	bady atter death	•	22 B D 4	ATE SIGNED	
1	Ka San cha Sa San MD Attending				ending 🖂					
		100000	-	DEGREE Phy	s.	Director L	Staff Phys.		. 4 //	
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS									
-	KADAN C	HANDRA	0	OEGREE	Del	nauttor	protal of	10	was mos.	
24	A. BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C. NA	ME of CEMETERY OF CR		24D.	LOCATION	City, town,	or county) (Stote)
1	100.11.11.00	6-17-71		1	ene Te	/	ANOVER,		.,	100
25.	JUN 1.8 1971	Tabel E 25	NAME OF	RESTRAR	25C.	FUNERAL DIRECTO	Nome Home	Hamp.	stead YIV	l.
	150-REV. 1/1/68	- 1	- 4-							



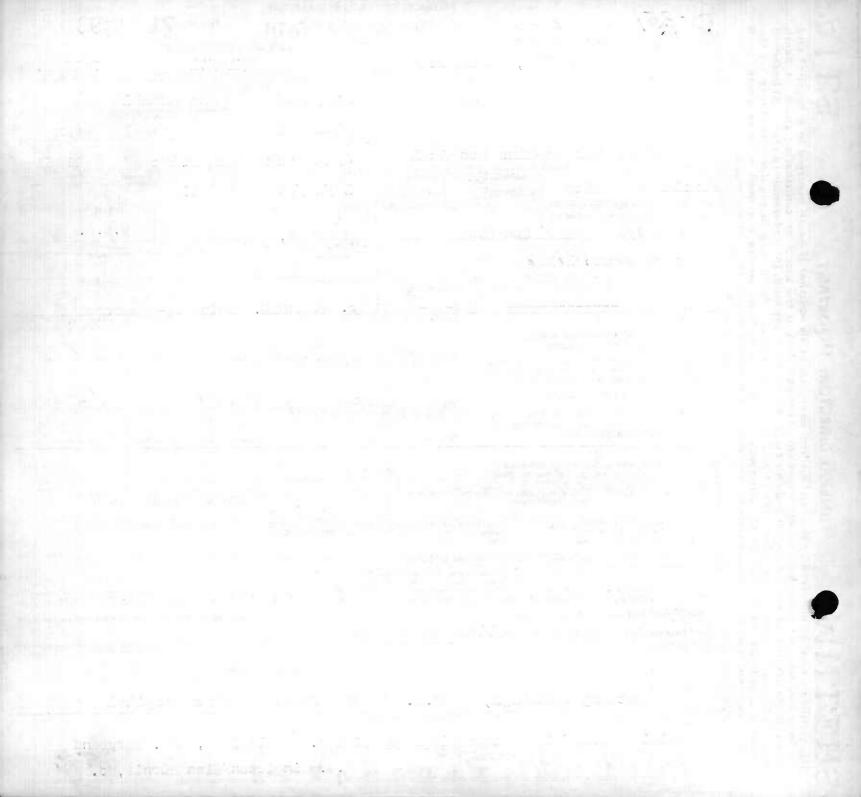
	1///-2//	CATE OF DEATH REG. NO. 71 5790							
	IBIKIH NO.	CATE OF DEATH REG. NO. 11 3730							
	Type or Print POBERTE. MADICAN	2. DATE AND HOUR OF DEATH 40 - (3 - 7)							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALT 601							
	CHURCH HOME AND HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	Charles have 140 4025 1112	E. STREET AND NUMBER							
de.	35	429 N. LINWOOD AUG							
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3/26/135 Idest Dirindoy) Months Doys Hours Min.							
S L	10A. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
disposition	Electrician American Std.	Maryland USA							
908	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
SE	Edward J. Madigan, Sr.	Elizabeth H. Weber							
	15. Was Deceased Ever In U2. S. Armed Forces? [Yes, no or unknown] [If yes, give wor or doles of service] SECURITY NO.	117. INFORMANT							
Tinai	No 220-30-54								
0	18. 5 7/10 I CAUSE OF D	EATH CIT ? PULIU? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
9	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE PROBABLE HEMORRHACE							
E	17 It is does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:							
u Dan		vowa 2							
E	ANTECEDENT CAUSES	MONARY PATHOLOGY?							
0	DISEASES OR CONDITIONS, if any, giving DUE TO, OI	R AS A CONSEQUENCE OF:							
	UNDERLYING CONDITION last. (c) CIR	RHOSIS, LIVER, ALCOHOLIE							
remains	Z OTHER SIGNIFICANT CONTRIBUTION								
9	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
The	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 121B. PLACE OF INJURY (C)	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
9	WAS TENTONIES								
Derore	21A ACCIDENT WAS UNDERLYING 21& PLACE OF INJURY (e) 100 CONTRIBUTING CAUSE OF DEATH (notify medical exemines) 21& FLACE OF INJURY (e) 100 COLORS 100 COLO	t, office bldg., INJURY OCCUR? (If In Baltimore City, give exect location)							
	21D-TIME IMenth) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
orained	(APPROX.) While At Not Wark	While							
ODL	22. I certify that (I) (this hospital) attended the deceased fram								
90	that (i) (we) last saw the deceased alive an 6/3- 19 1 and that in (my) (aur) opinion death accurred an the date								
St	and haur and from the causes stated abave. (1) (We) (did) (did na								
E		23A. SIGNATURE							
0	OF THE OWNER OWNER OF THE OWNER	Attending Med. Staff Phys. 6-13-7/							
6	23C. PHYSICIAN NAME (Type)). 230. ADDRESS H HOME AND HOSPITAL							
approval must	24A- BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF	TREE 100 M. BROADWAY, BALL, MY 2/231							
	REMOVAL (Specify)	tony tong of coomy?							
Written	Burial 6/17/71 Holy Redeeme	2r Cemetery Baltimore, Manyland [25C. FUNERAL DIRECTOR ADDRESS							
3	JUN 18 1971 Valent	John of Moran, Inc. 3000 E. Baltimone St							
1	VS 150-REV. 1/1/68	The second secon							



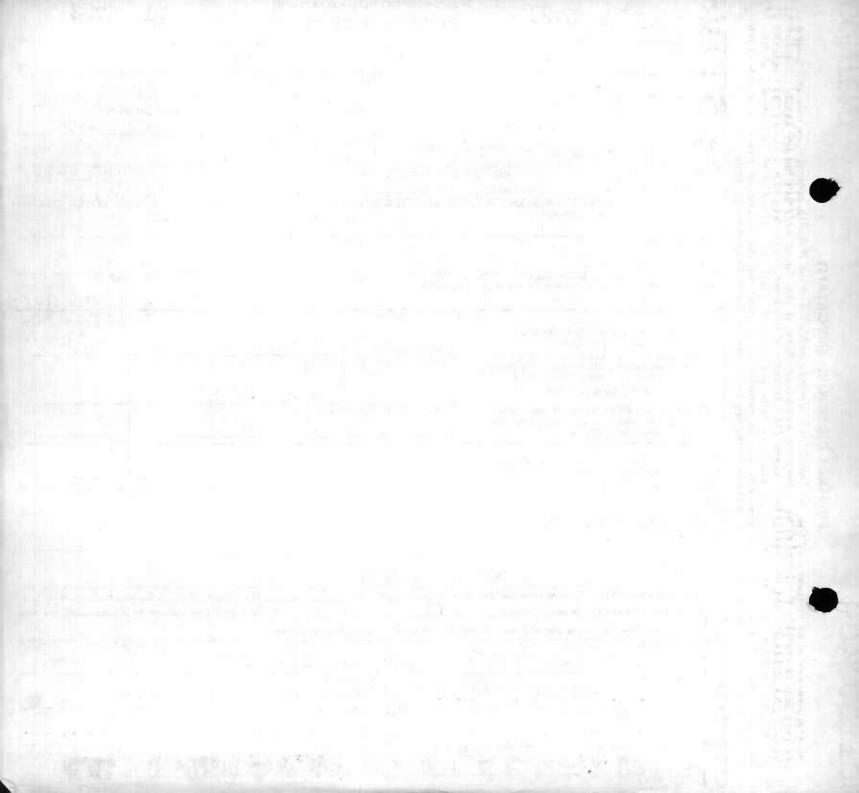
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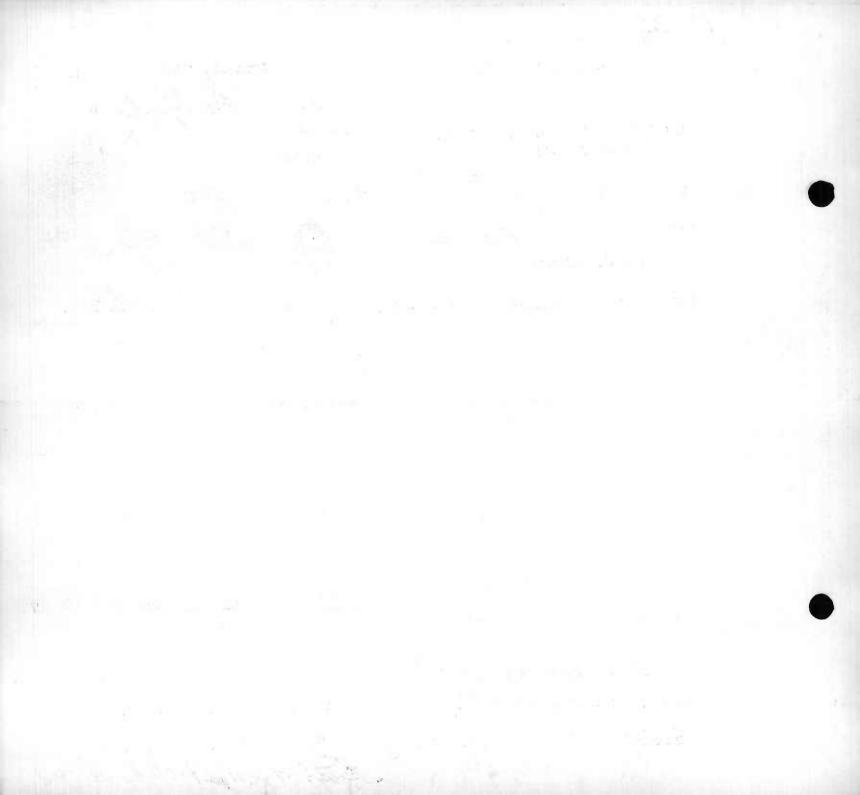
C 2=1	BALTIMORE CITY	HEALTH DEPARTMENT					
BIRTH NO. 71 5792	CERTIFICA	TE OF DEATH KEG. NO.	74 5792				
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH					
STEINBERG,	Elizabeth	6/14/71	1 7.15 2				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL OR IN		Maryland Anne A	American de la constantina della constantina del				
HOSPITAL OR AODRESS OR LOCATION)		C. CITY OR TOWN D. IN	SIDE CITY LIMITS?				
2 5		Glen Burnie	YES NO XX				
25_, _, _,		E. STREET AND NUMBER					
The Johns Hopkin	s Hospital	8914 Park South Dri	ve 21061				
5. SEX 6. RACE 7. MARS	MED KNEVER MARRIED	8. DATE OF BIRTH 19. AGE Un vegrs	If Under 1 Yr. If Under 24 Hrs.				
Female White	WED DIVORCED	10/10/97 lost birthdoy 73	Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during most of working life, even if refired)	tord	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Home	No. Week No.	U.S.A.				
13. FATHER'S NAME		NEW YORK NEW YORK					
Joseph Frattolell.		UNKNOWN					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)[(II yes, give war or dotes of servi	1 6- SOCIAL	17. INFORMANT	ADDRESS				
	OF GORNIE ING.						
118. / / / / 1	079-20-9686A	Mr. Reuben W. Steinber					
1/4-1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY		1h. de	771				
(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	a Likez				
heart failure, asthenia, etc. It means the dise injury ar complication which coused death.)	ase,	CONSEQUENCE OF:	12				
ANTECEDENT CAUSES							
rise to the above cause (A) stating	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
UNDERLYING CONDITION last	(c)						
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN OF THE PART 1 (A).	NG A	5011					
	opposed to a self-saught						
19A. DATE OF OPERATION 19R. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
	218 PLACE OF INJURY (e.g., in	of about 21 C. WHERE OLD (if to Raiting	re City, give exact location)				
OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRI	home, form, foctory, street, offi	ice bidg. INJURY OCCUR?	or only give exact totallon,				
	21E INJURY OCCURRED						
S OF MADE!	While At Not While	21F. HOW DID INJURY OCCUR?					
(APPROX.)	Work At Work						
22. I certify that (1) (this hospital) attended	ed the deceased from	63-/5 19 7/ to	6-14 19/				
that (1) (we) last saw the deceased alive of	on	19 7 and that Irkmy (our) opi	Inion death occurred on the date				
and hour and from the couses stated above	/						
23A. SIGNATURE		The body direct dedition	23 B. DATE SIGNED				
MITHOUND & Jen	CILLIFE Atten	ding Med. Staff Physics	1-19				
23G. PHYSICIANS	DEGREE Phys.	ding Med. Staff Director Physics 3D. ADDRESS	16/7				
23C. PHYSICIAN'S NAME (Type)			,				
Anthony Jenning	DEGREE		ospital				
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA	MATORY 24D. LOCATION (C	ity, town, or county) (State)				
Burial 6/16/71	<u> Meadowridge Mem</u>	orialPk. Elkridge, RF	D. Maryland				
HIN 1 O WINDER	E COLEGACION	25C. FUNERAL DIRECTOR					
JOH TO MAIL OND !! C	7 1 6 0	R.V. Singleton/Glen 8	urnie,Md.				
/S 150-REV. 1/1/68							



1/ 54 5502	BALTIMORE CITY	HEALTH DEPARTMENT	11	m4 5mQ2				
EIKTH NO. 257/-10384	CERTIFICA	TE OF DEATH	REG. NO	11 3/09				
	FUTCH NSON	6	HOUR OF DEATH	6/15 1 71 M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE INTO	re deceased lived. II	institutions residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland	Anne Aru					
Johns Hophins)		Annapolis		YES NO NO				
2 Bultimore Ma	d 21205	433 2nd St						
7, / 7	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.				
m CC WIDOV	turns turns	6-11-11		05				
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	Johns Hopk	ins Hospi	tal				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA						
John Sterling		Dehora	h Hutch					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lift yes, give war or dates of servi	ice) 6. SOCIAL SECURITY NO.	17. INFORMANT	- 1	ADDRESS				
		133 Jung 8	or ani	numplis md 2040=				
18. 60.91	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		0. 1.	- 0	0				
(This does not mean the mode of dylng,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	y edgu	is one would				
heart failure, asthenia, etc. It means the dise	dse,	- SIT CIAIT	2100					
ANTECEDENT CAUSES	Dose 6	1000	GT					
	ving (8) DUE TO, OR AS	A CONSEQUENCE OF:	(9) T					
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	the O	Simichin						
	(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DESIGNED TO THE TERMIN LIST TO THE DEATH ALL DESIGNED TO THE TERMIN LIST TO THE DEATH ALL DESIGNED TO THE TERMIN LIST TO THE DEATH ALL DESIGNED TO THE TERMIN LIST TO THE TERMIN LIST TO THE DEATH ALL DESIGNED TO THE TERMIN LIST TO THE TERMIN LIST TO THE DEATH ALL DESIGNED TO THE TERMIN LIST								
TO THE DEATH BUT NOT RELATED TO THE TERMIN OF CONDITION GIVEN IN PART 1 (A).								
19A. DATE OF OPERATION 19R. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSYS (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?				
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	21B FLACE OF INJURY (e.g., thome, farm, factory, street, or etc.)	n or about 21 C. WHERE DID	(If In Boltime	ore City, give exact location)				
OF INJURY (Month) (Doy) (Year) (House	21E INJURY OCCURRED	215. HOW DID INJ	URY OCCUR?					
< (APPROX)	While At Work Not While At Work	••						
22. I certify that (I) (this hospital) attend	22. 1 certify that (1) (this hospital) attended the deceased from 6/12 19 7(to 6/15 19 71							
that (1) (we) last saw the deceased alive	that (1) (we) last saw the deceased alive on 6/15 1971 and that in (my) (our) opinion death occurred on the date							
and hour and from the causes stated above	e. (1) (We) (did) (did not) v	lew the body after death.		1238 DATE SIGNED				
the Clanding	Atte	nding Med.	Staff Phys.	///C/)				
23C.PHYSICIAN'S	O L. P. DEGREE Phy	S. Director L.J. 23D. ADDRESS	Phys. LOI	16/11/11				
H. S. Williams,	M.D.	The Johns H	opkins Ho	spital				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City, town, or county! 1State)				
Cremation 6/16/71	Johns Hopkins	s Hospital 60	1 N Broad	way Balto., Md.				
25A. DATE REC'D BY HEALTH DEPT. 258 NA	ME ON STRAK	25C. FUNERAL DIRECTO		ADDRESS				
UN 10 1977 16 64 6	72-11 () ()	O ARRIVE						
VC4 5 M V 19 //4								

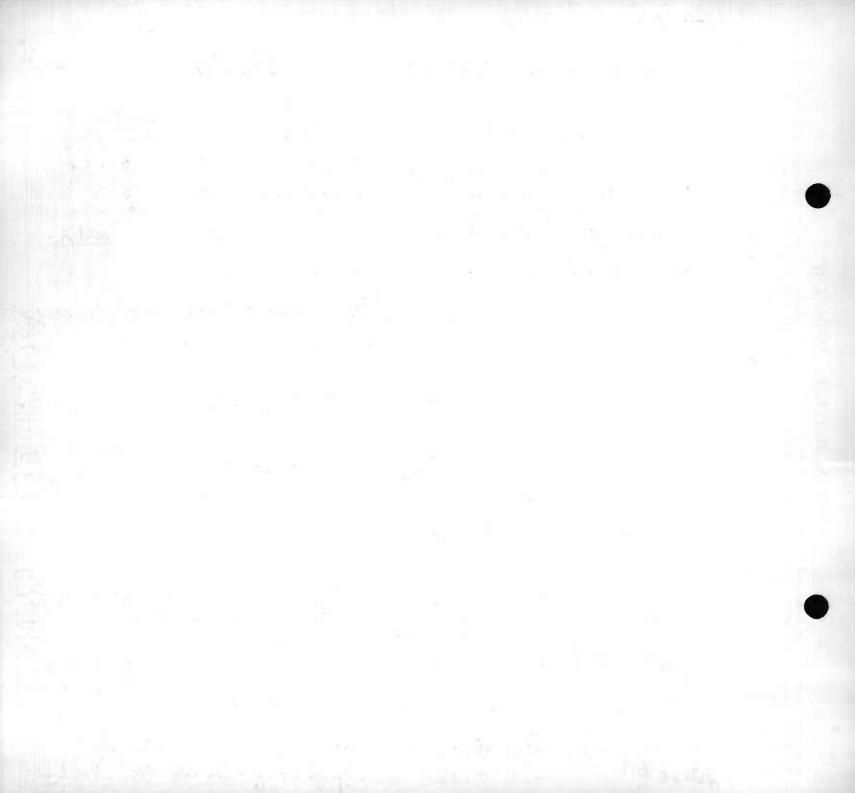


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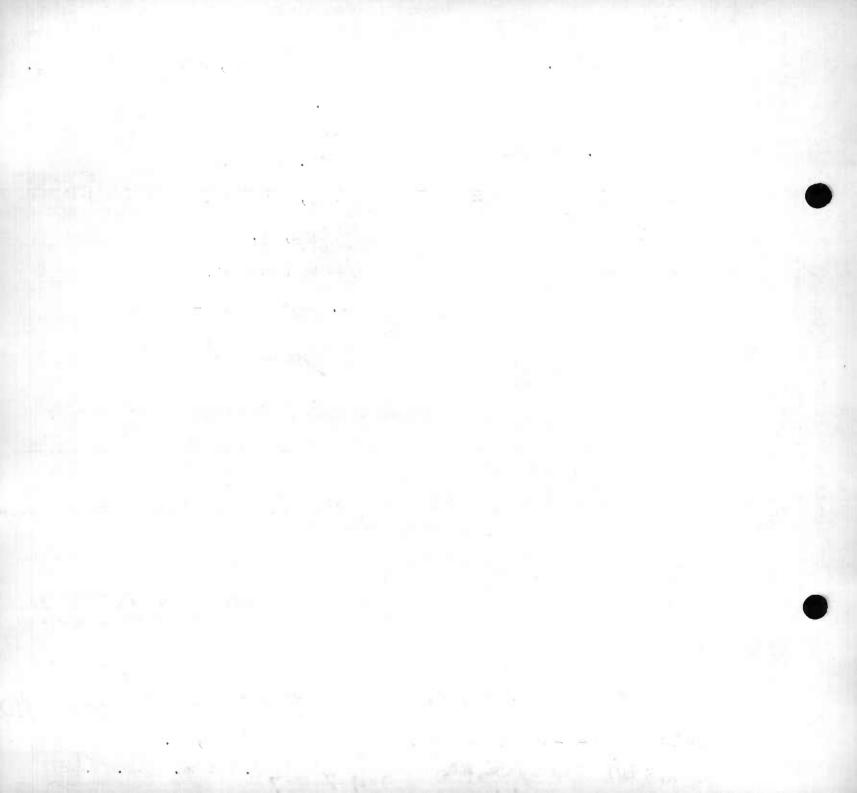


	5795. BALTIMORE CITY HEA	ALTH DEPARTMENT	
+	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	5795
BIF	RTH NO.	REG. NO	
	NAME OF DECEASED	2. DATE Knawn X Month Day	Year Hour
(Ty	DOROTHY BRANDIS	OF DEATH Estimoted June 13, 1971	м.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	DRONOUNCED DEAD	
HO	SPITAL ADDRESS OR LOCATION) INSTITUTION	June 13, 1971	M.
OK	INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. Il institution: A. STATE B. COUNTY	residence belare admission)
	218 S. Norris Street	Maryland	1907
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
	Female White WIDOWED DIVORCED	DELLLIMITE	SLX NO L
9. [DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER	
1	1/23/1919 = 51	218 S. Norris Street	
11.	SIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME	
l '	WHAT COUNTRY?	The Allement	nost.
144	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY		
	e during mast of working life, even if retired)		
	waitiers over	Ida Alas	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT	DRESS 2/090
fie	ACC	The millowestand 112:	3.7
-	19. CAUSE OF DEAT	TH	APPROXIMATE INTERVAL
	4/2/		BETWEEN ONSET AND DEATH
	DISEASE ON CONDITION DIRECTED	lerotic cardiovascular disease	
	LEADING TO DEATH	AUSE	
		AS A CONSEQUENCE OF:	,
	Injury or complication which caused death.)		
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:	
은	11		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
프	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	70 700 = 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
F	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
8			No
ب	200 PLACE OF WHITE	L COC MUSER PIR W. A. I.	
0	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- 22B. PLACE OF INJURY (e.g., home, farm, foctary, street, office	in ar about 22C. WHERE DID (If in 8altimore City, give exace bldg., etc.) INJURY OCCUR?	flocation)
100	UTING CAUSE OF DEATH.		
Σ	22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
		WHILE	
	23. m. WORK AT W	ORK	
		topsy and that an this basis, death in my o	minion
L			
1	resulted fram: Natural causes X Accident Suicid	le Undetermined manner L	
	B1 1 0 0 1 1	CHIEF MEDICAL EXAMINER	DATE SIGNED
	ACTUAL (Leg (2) - Amenati	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D		
	EXAMINER'S Charles S Springate, M.D.	Jun	e 13, 1971
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn,	ar caunty) (Stote)
	MOYAL (Specify)	City, town,	(Slole)
	Burie 6/16/71 /2000 Hen	en Gen Slenky	one 41.
25	A. DATE REC'D BY HEALTH DEPT. 258_NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS
	IIIN 1 0 1971 Robert E. Janber M.D.	0.1.0 01	0 7/11
	JUN 18 BY 1 OBSER 4 1	Alis I Cowar I In Luc.	401 Hallens +
VS	151-REV. 1/1/68	04795 (3	2017

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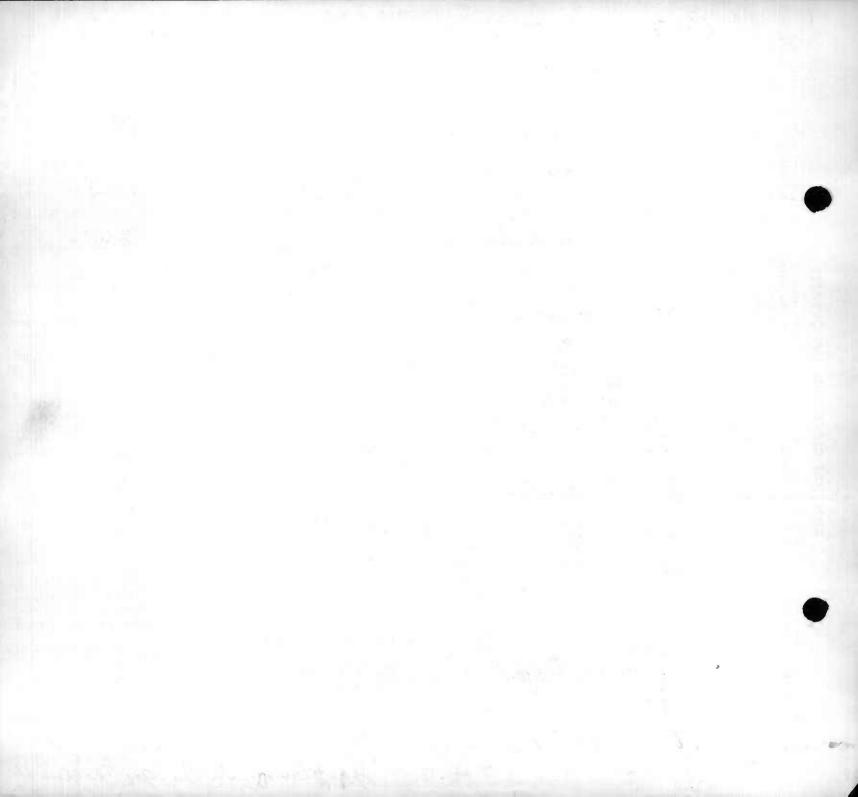
VS 150-REV. 1/1768



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

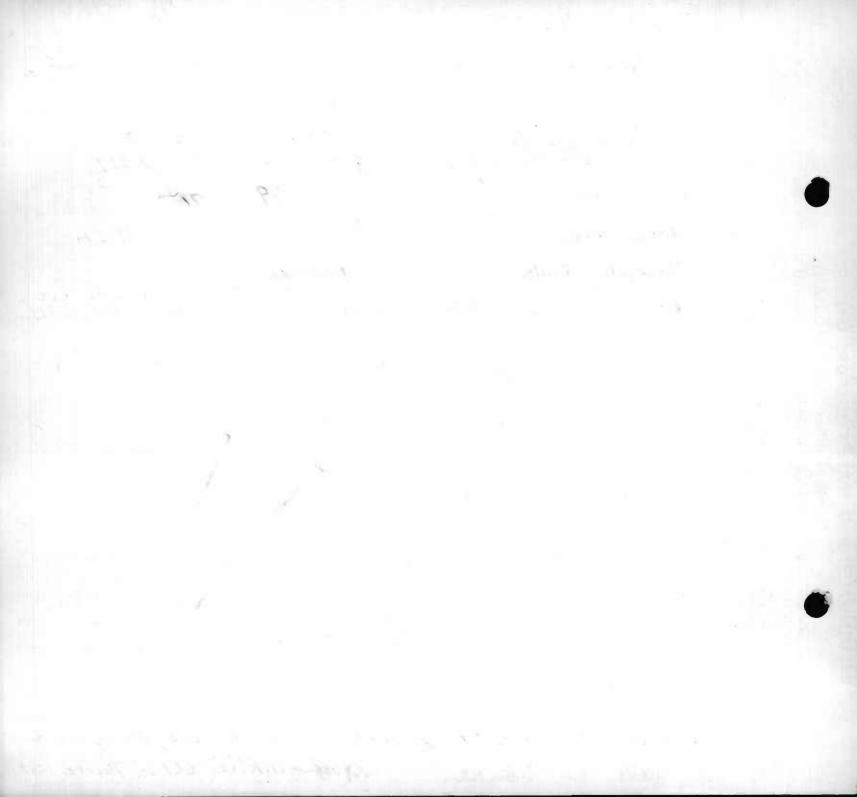
BALTIMORE CITY HEALTH DEPARTMENT 5799 CERTIFICATE OF DEATH 1.30 P.M. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS NO If Under 24 Hrs. Hours! Min. Hours Months Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEAT 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, ar ADDRESS

TOTAL STATE OF THE
IMPORTAN

DIRECTOR:

FUNERAL

10/69 - 18/8 Madison Ave.



		BALTIMORE CITY HEALTH DEPARTMENT	
	ath sed the cch	BIRTH NO. CERTIFICATE OF DEATH REG. NO.	
	of death of death Deceased e on the sth. Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	_
	- 0 c c	Sutton Hagrenoria 12 Jan 71 17145A	
	Spit O De Ce cath	3. PLACE IN BALTIMORE MARY AND WHERE SOMOTHICES DEAD	n)
	0 0 10 5	FILL NAME OF US DOT IN BOOKER ON DESTRICTION OF THE PROPERTY O	
		HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET ADDRESS OR LOCATION) [C. CITY OR TOWN D. (NSIDE CITY LIMIDS?	_
	_ ~ ~	Q \	
	ting d cau	E. STREET AND NUMBER	_
	ar de.	310 N. Parrish Street 21223	
	rribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if Under 1 Ye. If Under 24 Hr	S.
		F WIDOWED DIVORCED 12/7/72 lost birthday & Months Days Hours Min.	
	reconstruction is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTI	RY?
	nt if death direct or c l; (4) Undet th was in on the dece	CAUNDRESS NORTH CAROLINA	
	de d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	2
	th (4)		
2	di the	EUGENE GEE. Martha Bird Jessus M	19
A	istant he di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor at doles of service) 17. INFORMANT ADDRESS 17. INFORMANT	
2	: 2 本 ス D S ii	no NO. 220-18-355V Martha Byand 81.80 Pine RAT	
0	if if	18. 4 / 0 17 CAUSE OF DEATH APPROXIMATE INTERVAL	-
IMPORTANI	S O O E	DISEASE OR CONDITION DIRECTLY	H
=	Also Also e of noun atte	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (ARRES) WINUTS	
::	par.	heoil foilure, asthenia, etc. Il means the disease.	
Ö	35 03	injury of complication which caused deeth.)	
H	The e	ANTECEDENT CAUSES (8) (CULC MYOCARATAL INTARCT NOURS	
ш	× S × 3 L E	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	
DIRECTOR	- 0 C = - v	UNDERLYING CONDITION [as]. (C).	
Δ .	medical herical burns; burns; bhysicia an was remain		-
A	ber bur hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR THE DEATH BUT NOT RELATED TO THE TERMINAL	
2	dy b dy b iciai	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
FUNERA	- 0 - K	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OP DEATH?	_
5	o de	U 21A, ACCIDENT WAS UNDERLYING TO 1218 BLACE OF INJURY (o.g. in an about 1215 MULTER DID.	_
III.	tal by sp. (2) B here the classification before the contraction before the contraction before	OR CONTRIBUTION CASES OF THE OR OF T	
	patu atu	OF INJURY	
	roved by he hospiny naturated with the hospiny with the h	S SAPPROXI While At Work At Work	
	the hand ny	22. I certify that (I) (this hospital) attended the deceased fram 6-1/2 19// to 6-1/2 19//	
	0000	that (1) (we) lost sow the deceased alive on 6-12-1971 and that in (my) (our) opinion death occurred on the date	
	. 00	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
•	based dent dent deat must	23A. SIGNATURE 23B. DATE SIGNED	-
	E P P P P P P P P P P P P P P P P P P P	Attending Med. Shaff 17/	
/	accellar to	23C. PHYSICIAN'S NAME (Type) AND THE PROPERTY OF THE PHYSICIAN S 23D. ADDRESS	-
1	certificate body was r rs: (1) An a D.O.A. at (assed prior ten approv	NAME (Type Cetavio a. Rviz MD Bon Decouls Hopital	
		24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMATERY OF CREMATORY	-
	T-9000-	REMOVAL (Specify)	,
	s E	Burial 6-15-71 Mt. Culture Balteniere, Marylan 25A, DAJE, RECO BY HEALTH DEATE, 25B, NAME OF REGISTRAR 125C, PANERAL DIRECTOR	4
	This certitle body shows: (1) was D.O. deceased written a	N 10 TUTE (1) A C 1 TO THE SAME OF THE COURSE	B
		VS 150-REV. 1/1/68	=

11. 6.12 Marie of recognition is the second of the se All and a course and a last of the second of

3/6/67-929 S. Paca St. As Dealer and the second of the second

1	BALTIMORE CITY HEALTH DEPARTMENT								
	11 11 21 2	804	CERTIFICA	TE OF DEATH	REG. NO.	5804			
	ME OF DECEASED	2	- ^ -	2. DATE AN	ID HOUR OF DEATH				
2 21	BABY	Boy G	PAMBRICL	Jun	VE 8#1971	12.39 D.M			
3. PL	ACE IN BALTIMORE MARYLAN	ID, WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If institution	n: residence before admission)			
FULI HOS INST	NAME OF (IF NOT IN H PITAL OR ADDRESS OR ITUTION	OSPITAL OR INSTI	TUTION, GIVE STREET	MARY LAND C. CITY OR TOWN		503			
	UNIVERSITY	OF MARY	LANIA HOLPITA	BALTINIORE					
	3 8 BALTIMORE			E. STREET AND NUMBER		- NO _			
5. SE	X 6. RACE	IZ- ALA DRIEM		1867 HOMELA					
	MIN	WIDOWED		JUNE 7 5 1971		nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.			
done	JSUAL OCCUPATION (Give kind during most of working life, even if re	of work 108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country! 12. C	TIZEN OF WHAT COUNTRY			
	1stal			BALTIMOR	RE MA	USA			
13. F/	THER'S NAME			14. MOTHER'S MAIDEN NAM		0017			
	NOT KI			SANDRI	9 GAMBR	166			
Yes,	os Deceosed Ever in U. S. Armo o or unknown) (If yes, give wor o	ed Forces? of dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS			
	NO NO		Nil	Mo	THER. 180	J HOMELAND			
11			CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISEASE OR CONDITIO	N DIRECTLY				BETWEEN ONSET AND DEATH			
l I.	LEADING TO DE		(A)IMMEDIATE CAU	SE DIII MONE	PRY HAEMORR	Aug 48 man			
i i	This does not meen the made eart failure, asthenio, etc. It n	e of dylng, e.g. neons the disease	DUE TO, OR AS	SE PUL MONE A CONSEQUENCE OF:	7.1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	TO THOU			
i	njury ar camplication which co	used death.)							
	ANTECEDENT CA	USES	(a) D	NUMB MEDIS	TINUNI				
9	ISEASES OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	2-2-11-1-1				
"	se to the above cause INDERLYING CONDITION las	(A) sloling the		TELACTASIS					
			(c)						
Z o	THER SIGNIFICANT CONDITIONS	CONTRIBUTING		VG-ESTIVE CAK	DIAL EAILURE				
	THE DEATH BUT NOT RELATED ISEASE OR CONDITION GIVEN IT	TO THE TERMINIAL	BILA	+ HYDRO NE	-PHROSIS.				
	A DATE OF OPERATION 198.	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERE FINDING	S CONSIDERED			
CERTIFIC	1 Mil WA	PERFORMEO		V09	IN CERTIFYING CAUSES OF	F DEATH?			
0 21	A ACCIDENT WAS UNDERLY!	NG 21E	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimore City, g	live exact location			
< D	EATH (notify medicof exomined)	elc	ne, form, foctory, street, off	ice bldg. INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
MEDIC	D. TIME (Month) (Doy) (Yeorl (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	INV OCCUM				
¥ 0	F INJURY		ile At Not While		okt occokr				
	- M	AAG	IK L AT Work						
	. I certify that (I) (this hos			TONE 7. & 19	971 to JUNIE	19 7/			
th	at (1) (we) last saw the dec	eased alive an	JUNE S	19 7 / and tha	t in (my) (aur) opinian de	ath accurred on the date			
a	nd haur and from the causes	stated above. (l) (We) (did) (did wet) vi	ew the bady after death.					
23	A. SIGNATURE				238, D	ATE SIGNED			
	118	l a:	Atten Phys.		Staff -				
23	C. PHYSICIAN'S	a lace	DEGREE	3D. ADDRESS	hys.				
	NAME (Type)	1 F	HA! MERE	UNIVERSITY	1 MARVIDA	o Hospilal			
24A.	URIAL CREMATION, 248. DAT	J. L.	DEGREE	THE PARTY TO A TAX TO CO	TRO OF THE	ALTAGULEMO			
1	EMOVAL (Specify)	24C.N.	AME of CEMETERY of CRE	ANA IUM FODE	FAMILU UI (CIFFETA)	of county) (Slote)			
	1-1	7-11		TIMINESCITY	MEDICAL SC	HOOL.			
25A. [ATE REC'D BY HEALTH DERT.	258 NAME	OF REGISTRAR	344 FUNIER DILECTOR	MEDICAL SC	ADDRESS			
	JUN 1.8 1971 Val	7 1	1000	AMORTUAR	Y SERVICE -	BUND			
VS 150)-REV. 1/1/68								

1807 Moreland Ave.

IMPORTANT

DIRECTOR:

FUNERA

VS 150-REV

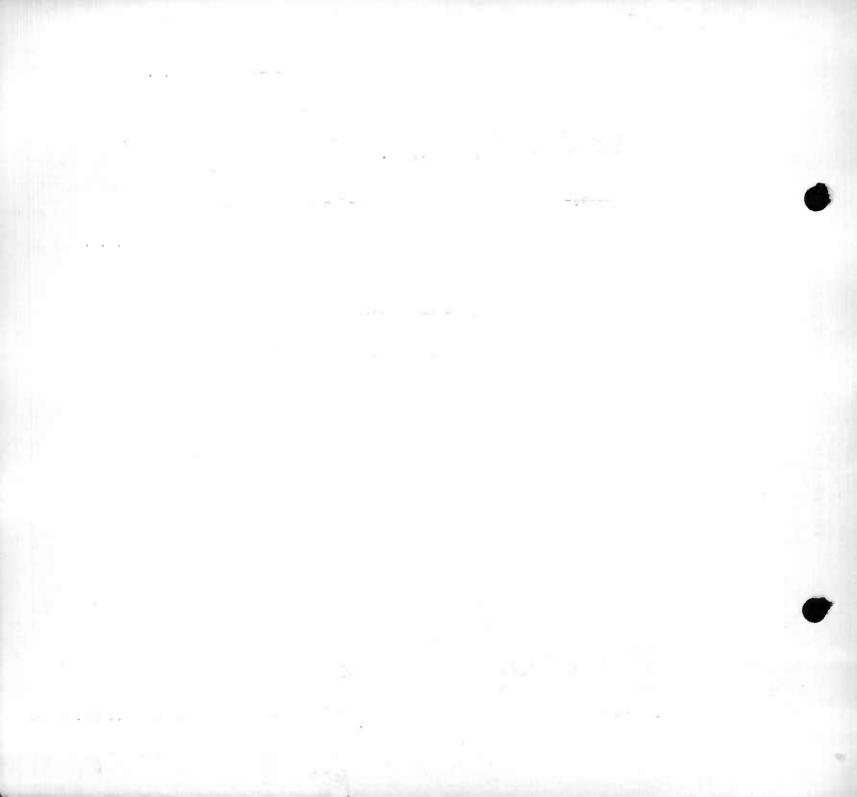
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71 5806

BIRT	HNO.		MED	ICAL	. EX	AMINER'S	JEKTIFI	CATEO	F DEAT	H REG. N	0	
	NAME OF DECEASED (Pe or Print) KENNETH HENRY							Known Estimoted	Month	Doy	Yeor	Hour
4. PL	ACE IN BAL	TIMORE, MA				UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HOSE	NAME OF	(IF NO	T IN HOSPITA	AL OR INST	OITUTIO	N, GIVE STREET	PRONOUNCED DEAD					
OK III	Johns Hopkins Hospital						A. STATE	Md.	ere deceosed i	B. COUNT		1 () 5
6. SE	SEX 7. RACE B. MARRIED NEVER MARRIED						C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
n	ale	negro	•	WIDOW		DIVORCED [Balto.			YES 🔀	NO 🗆
9. DA	P. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.					E. STREET	AND NUMBER			123 623	110	
			42				1715	Barclay :	St.			
II. BI	RTHPLACE (S	State or foreig	n country)			TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME				
4A.U	SUAL OCCU	PATION (Given working life, ev	ekind of work en ifretired)	14B. KIND	OF B	USINESS OR INDUSTR	15. MOTHE	R'S MAIDEN N	AME			
16. W	AS DECEAS	ED EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL	IB. INFOR	TAAN			ADDRESS	
Yes, r	10 or unknown	(If yes, give v	vor or dotes	of service)	SECURITY NO.						
15	12.9	264	Y			CAUSE OF DEA	TH					PPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIRE	CTLY		Gunshot wour	nd of c	hest				WEET ONSET AND DEA
		LEADING TO	DEATH			(A)IMMEDIATE	CAUSE					
	heort failure	ot meon the costhenio, etc. aplication which	It meons the	diseose,			AS A CONSEC	UENCE OF:				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING							QUENCE OF:				
	KISE TO THE ABOVE CAOSE (A) STATITION THE											
Z L	UNDERLYING CONDITION LAST. (C)											
CERTIFICATION		NIFICANT CON										
	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).		WHICH OPERATIONS W	AC DEDECOR				loi Aure	NCV0 /V N-\
814	DA. DATE OF	F OPERATION	1 20B. COI	ADIIION	FORV	VHICH OPERATION W	AS PERFORM	/FD			21. AUIC	OPSY? (Yes or No)
-1	A. EXTER	NIAL CALICE	MAG		OOR DI	ACE OF INITION		OC MULEUE DIE	Art n lu		yes	
OI	NDERLYING	NAL CAUSE 당 GOR CON	TRIB-	464	home,	ACE OF INJURY (e.g., form, foctory, street, offic	e bldg., etc.)	NIURY OCCUR		_		
	JTING L CA	(Month)	TH. (Yeor	r) (Hou	-1 22	Street	1	Front of		4	St.	
C	FINJURY				'	HILE AT TO NOT	WHILE				.1.	
	OF INJURY (APPROX.) 6-5-71 2:05 a m. WHILE AT AT WORK Shot by unknown assailant.											
	I certify that I held an Inquiry Inspection Autopsy 23 and that an this basis, death in my apinion											
	resulted from: Natural causes Accident Suicide Homicide Undetermined manner											
	CHIEF MEDICAL EXAMINER											
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED											
	EXAMIN	ER'S						CIATE MEDICA	LEXAMINER			
	NAME (1			e Mil		kis, M.D.	ANAT	ANY RO	APD	OF M	DV471	ND
	BURIAL CREA OVAL (Speci		6-13	7-7	240	. NAME of CEMETERY	PALKARA!	BCITY	MERI	CAR	CEUU	(Stote)
25A.	DATE REC'D	BY HEALTH				OF REGISTRAR	UN 25C	FUNERAL DIREC	- TOK-LUT	VAL	ADDRESS	
	JUN 1	8 1971	Rober	883	ab	ey KA	N	ARTUA	RY SI	ERVIC	E - B	CHD
/S 15	1-REV. 1/1/6	3 /V	-25	1 33	-7	1000	O 4	0 0	1.	11		

HAS DESCRIBE TO BEFORE THE PERSON OF THE PER

11	5 225	. 1			BALTIMORE CITY	HEALTH DEPARTMENT			
BI	ンでかり RTH NO.	174	500	7	CERTIFICA	TE OF DEATH	REG. NO	71 5807	
1.	NAME OF DECE	ASED	_ <u></u>	4			AND HOUR OF DEATH	н	
IL		Marion	Sexto	2		6-9	-71 1:35 P	M 1	
Н		MORE MARYLAND	, WHERE PI	ONOUNC	ED DEAD	4. USUAL RESIDENCE (\	Where deceased lived. II	institution: residence before odmi	ission)
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HO	SPITAL OR I	IOITUTITZN	N, GIVE STREET	Baltimore, c. CITY OR TOWN		ISIDE CITY LIMITS?	3
	91)	HILTON M				Baltimore		YES X NO	
L	10	3313 Pop	lar Sti	reet B	alto., Md.	E. STREET AND NUMBER 1612 Thames			
5.	SEX	RACE W	7. MAR	RIED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. If Under 24 Months Doys Hours A	4 Hrs.
	F	Bauses	WIDO	WED	DIVORCED	1-28-86	last birthday) 85	Months Doys Hours	Vin.
do	LUSUAL OCCUP to during most of wo	ATION (Give kind of orking life, even if retire	work 10B, KIN	D OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COL	JNTRY?
13.	FATHER'S NAM							U.S.A.	
	TAINER 3 HAM	•				14. MOTHER'S MAIDEN !	MAME		
15.	Was Deceased E	ver in U. S. Armed	Forces?	16.	SOCIAL	17. INFORMANT		ADDRESS	
110	s, no or unknown) (f yes, give war or	doles of sen		SECURITY NO.			ADDRESS	
-	18.44 / 2	66		151	5-14-8245-J			APPROXIMATE INTER	
	DISEASE	OR CONDITION	DIRECTLY		/	4.S.C	- V.D.	BETWEEN ONSET AND	DEATH
		ADING TO DEAT			(A)IMMEDIATE CAU				
	hearl lailure, as	mean the made thenia, etc. It med	ans the disc	e.g.,	DUE TO, OR AS	CONSEQUENCE OF:		**************	
	Injury or camplication which caused death.)								
	ANTECEDENT CAUSES (B)								
	DISEASES OR CONDITIONS, if any, giving ise la line above cause (A) staling the								
	UNDERLYING CONDITION last. (C).								
CERTIFICATION	TO THE DEATH	II ANT CONDITIONS (BUT NOT RELATED TO	THE TERMI	NG NAL					
ICA PICA	19A. DATE OF O	PERATION 198 CO	NOTION	OR WHICH	H OPERATION	20A. AUTOPSY? (Yes or	Noll 208, IF YES, WERE	FINDINGS CONSIDERED	
ERTI	0		ERFORMED	1			IN CERTIFIENC CA	AUSES OF DEATH?	
CAL	OR CONTRIBUTI OEATH (natify m	WAS UNDERLYING NG CAUSE OF edicol examined	• 🗆	21 B. PLAC home, fan etc.)	E OF INJURY (e.g., in m, factory, street, aff	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct location)	
	21 D. TIME (A	Manth) (Day) (Yes	(Hous)	21E INJU	RY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
2	(APPROX.)			While At Work	Not While				
	22. I certify that (I) (this haspital) attended the deceased from 5 - 1/7 19 70 ta 6-9-197/								
	that (1) (was last saw the deceased alive an 6-4-1971 and that in (my) (aur) apinian death occurred an the date								
	and have and from the causes stated above. (1) (We) (did not) view the bady after death.								
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff 23B. DATE SIGNED								
	23C. PHYSICIAN'S	3	ree.	-	DEGREE Phys.	Director L	Phys.	6-7-11	
		hu Calin			DEGREE	831 Poplar G	ove Street	DATE NO. 2121	6
	REMOVAL (Spe	cifyl 6-17	1-71	C. NAME .	CEMETERY OF CHE	ASIANA BO	Adenoni. Min	CHOOL	ie)
25A	DATE REC'D IN	HEALTH DEPT OF	C. Harle	se, of tal	USTRAR U	PET WALLDRECK	HEDICAL S	Chuu	
Į.	150-REV. 1/1/68			-		MORTHA	Y SERVIC	E - RCMD	



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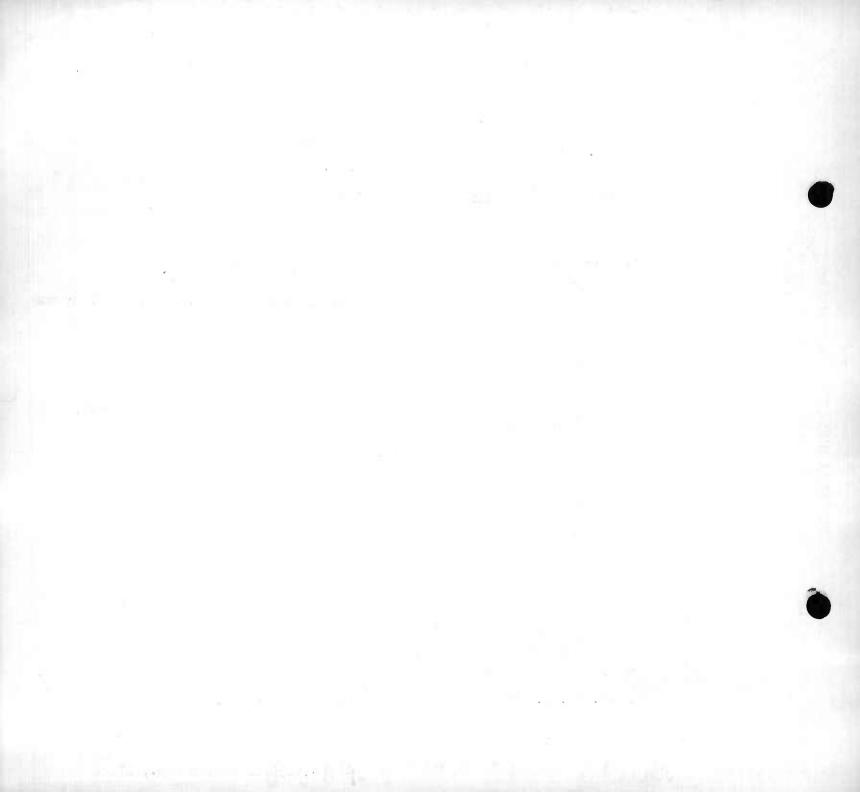
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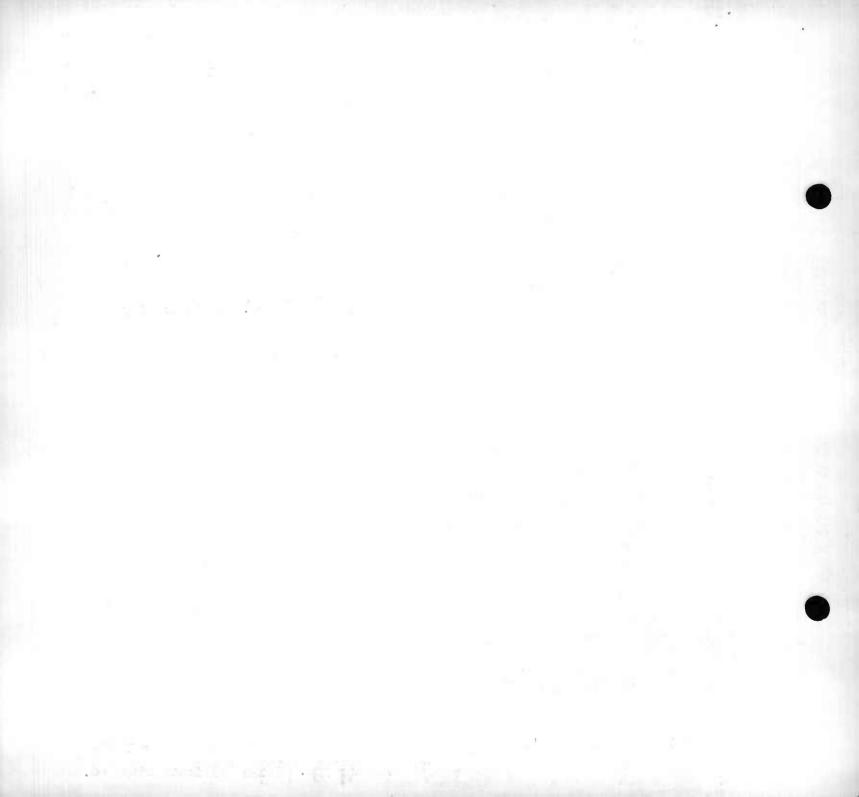
5-42 71 5809	BALTIMORE CITY	HEALTH DEPARTMENT	X	71 5809
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	/1 0000
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCE	LMER	G 6.16.	71	1 5.30 P M.
		A. STATE B. COUN	or deceased lived. If ins	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	JUBARALBUIL	ELLIC	COLL CILD
INSTITUTION HOOPS	20000	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
La LICKINA GLOSPILLY OF	MARYLAN	E STREET AND NUMBER		YES NO.
76		8644 TON	111 9 COI	INITRY BLUD
5. SEX 6. RACE 7. MARRIED VI	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	Il Under 1 Yr., Il Under 24 Hrs. Months: Doys Hours : Min.
MALE WINTE WIDOWED	DIVORCED	5-25-971	74	Notes to the second sec
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLA CE ISlote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Clerk U.S.	Post Offi			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
late Charles W		late Louise		
ites, no of unknown) lit yes, give wor of doles of service)	SOCIAL SECURITY NO.	17. INFORMANT	86	544 Town & Ctoun
yes W. W. 1		Mrs Gladys S	ebastian	Ellicott City
18./99.01	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Con. a.	-1 00000	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE SMALL BOW CONSEQUENCE OF:	ich obstr	ICHM
heort failure, asthenia, etc. it means the disease, injury at camplication which caused death.)				
ANTECEDENT CAUSES	" WEI	ASTATIO CA	Reiniomi	3
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	2000000	Ladam
rise to the abave cause IA) stoting the UNDERLYING CONDITION last.	(c)			1
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING	U Observation	1994		**********
WAS PERFORMED	A CORPORATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
THE PARTY OF THE P	CE OF INJURY le.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct focotion)
DEATH (notify medical examine) home, to	rm, foctory, street, olf	ce bldg., INJURY OCCUR?		
21D. TIME IMonth) (Day) (Year) IHour 21E INJ	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) White At	Not White			
22. I certify that (1) (this hospital) attended the de	/) 4 . 10	71 - 6.	16: 11
	6.16	(7)		an death accurred an the date
and have and from the causes stated above. (1) (We	4		in (m)/ (der/ abini	on death accurred an the date
23A. SIGNATURE		no seel atter deaths		23 B. DATE SIGNED
MEZ (HE am	Disse	ding Med. S	loff D	6.16.71.
23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS		
L -ATJAZ. A ARAIN	wo	LUTHERAN Sto	spormo - 7	30 ASHBURTONI CT
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	of CEMETERY of CREA			town, or county) [Stote]
Burial 6/19/71 West	ern Cemet	ery Bal	to. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25A. NAME OF RE	GISTRAR	10ward Count		e Ellicott City
9010 20 301	T. 0 0	Horry Wit	zke nom	e Ellicott City Maryland
VS 150-REV. 1/1/68				

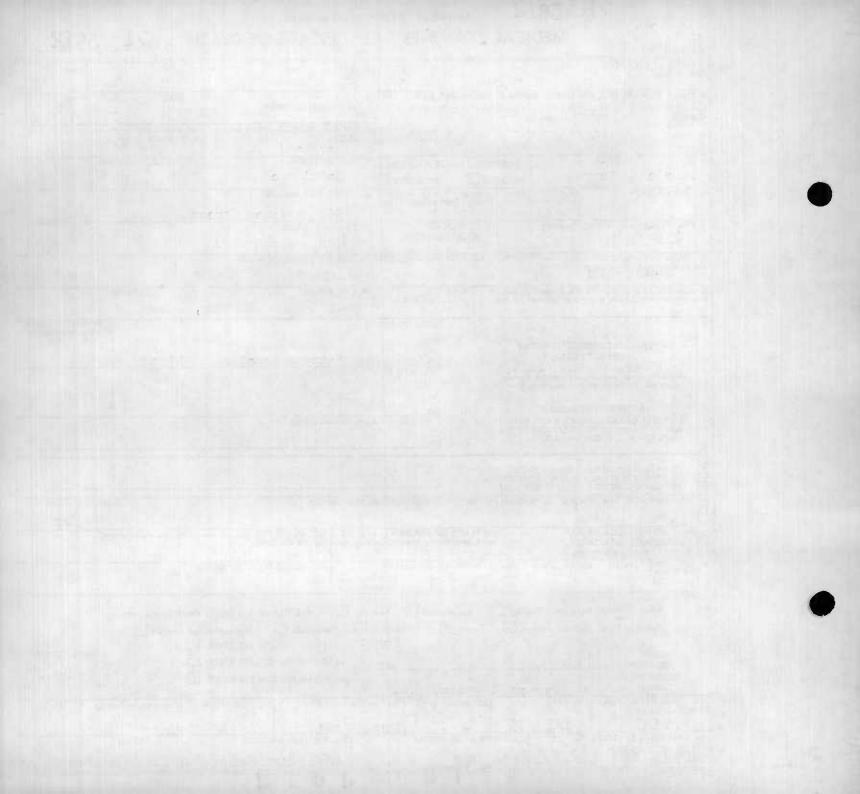
1/-1/2	571 581	D BALTIMO	ORE CITY HEALTH DEPART	MENT	
BIRTH NO.	2 2 001	CERT	FICATE OF DEA	TH REG. NO.	-71 -5810 $-$
1. NAME OF DEC			2.	DATE AND HOUR OF DEA	TH -
		illiam Velten		6/17/71	8:00 A,
3. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDEN	ICE (Where deceased lived, 1 & COUNTY	I institution residence belore admission
FULL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	AL OR INSTITUTION, GIVE STE	eet Md.		286 4
NOTTUTION			C. CITY OR TOWN	D. 1	NSIDE CITY LIMITS?
90		rman Aged Home	Baltimore E. STREET AND NO	IMRED	YES K NO
10	22 S. Atho	Avenue		ol Avenue	
S. SEX	6. RACE	7- MARRIED NEVER MAR			If Under 1 Yr. If Under 24 Hrs.
Male	White	WIDOWED DIVOR	ED 1/29/1879	9. AGE (In years lost birthday)	Months Doys Hours Min.
toA, USUAL OCC	UPATION (Give kind of wor working life, even if retired)	108 KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (Sto	to or foreign country)	12. CITIZEN OF WHAT COUNTRY
	norming me, even in temper	P.32	Germany		USA
13. FATHER'S NA			14. MOTHER'S MAI	DEN NAME	
Late 1	Peter Velten		Lat	e Gertrude	
5. Was Deceased	Ever in U. S. Armed For		17. INFORMANT		ADDRESS
unknown	, , , , , , , , , , , , , , , , , , ,	s of servicel SECURITY N	General C	erman Aged Hom	e, 22 Athol Avenue
18, / 2	20	CAUSE O	F DEATH		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY	/7		BETWEEN ONSET AND DEATH
171.	LEADING TO DEATH	(A)IMMED	IATE CAUSE ANOUN	DELBINALAN	y facelies
hearl lailure,	ol mean the mode of asthenia, etc. It means	the disease.	O, OR AS A CONSEQUENCE OF	Grand Mariane Maria	A STATE OF THE STA
injury or con	plicotion which coused	death.)	, 1	all not	
1	ANTECEDENT CAUSES	(B) (J)	hanced dr	heral arti	Los Acleration
DISEASES C	R CONDITIONS, il above couse IA)	any, giving DUE TO	OR AS A CONSEQUENCE O	Fi	
UNDERLYING	CONDITION last.	stoling the	knewliged	arternar	MANI
	11		1		
OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING			
OISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).		***************************************	
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	WAS PER	DITION FOR WHICH OPERATION	N 20 A. AUTOPSY? (Y	es or No. 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDEN	IT WAS UNDERLYING	218 PLACE OF INITI	RY (e.g., in or about 21 C. WHER		
OF CONTRIBU	TING CAUSE OF	home, form, loctory,	street, affice bldg., INJURY OC	CUR?	nare City, give exocl location)
DEATH (natify	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCUR	015 440		
OF INJURY	tivionini (Doy) (Tean		Not While	DID INJURY OCCUR?	
		Work L	At Work		1
) attended the deceosed fro		19 20to/	7 June 19 7/
		,	19.7/	"aua that in (mh) (ant) o	pinion death occurred on the date
ond hour ond	from the causes stat	ed obove. (1) (We) (did) (did	not) view the body after	death.	
23A. SIGNATU	RE /	// My			238, DATE SIGNED
Mille	am 1.	Bryson do	Attending Med. Phys. Directo	r Staff Phys.	17 June 171
NAME (T	pel _ //: -	Dada	23D. ADDRESS	. 2	
	Dr / Wm. J	. Bryson	4605 Edmon	nason Ave.	
REMOVAL (S	MATION, 248, DATE	24C. NAME OF CEMETER	or CREMATORY		City, town, or county) (Stote)
Burial	6/19/71	Baltimore Ce	metery	Baltimore , N	aryland
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL D		ADDRESS
JUN	18 19/1 364	ent E. Jankey 14 D.) Witzke,1	630 Edmondson	Ave., 21228
JUN	18 13/1 3/08/			copy Editionason A	ive., zizzo



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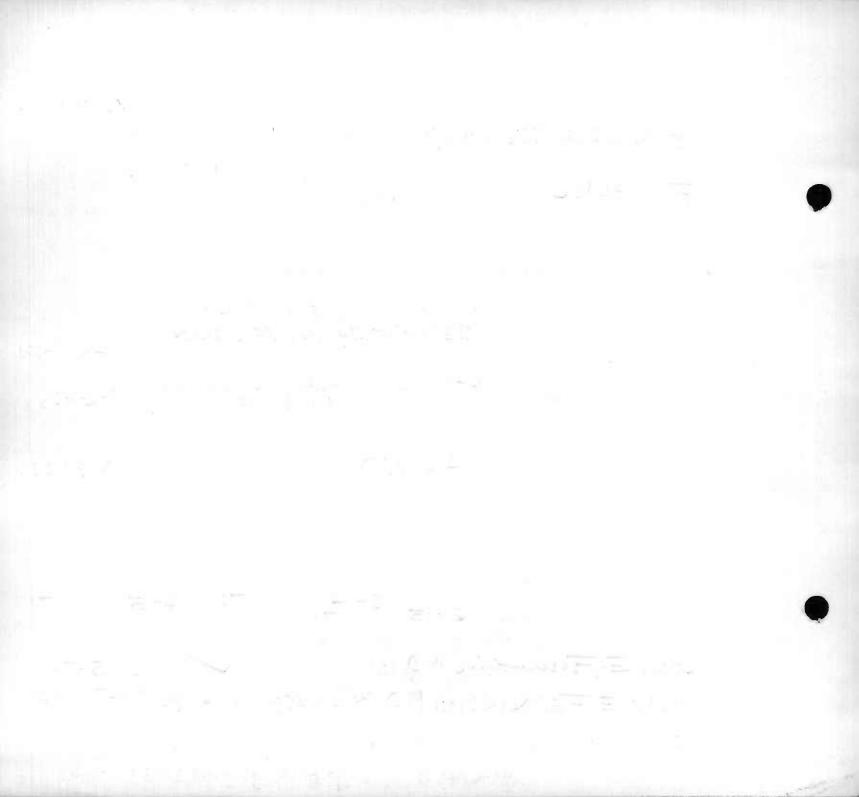
C = 37	BALTIMORE CITY	HEALTH DEPARTMENT	y /	
D-533 BIRTH NO. 71-10082 58:11	CERTIFICA	TE OF DEATH	REG. NO.	1 5811
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	15
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived. If institut	tion: residence before odmission)
		A. STATE B. COUN	TY	non. lesidence belore damission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	ISTITUTION, GIVE STREET	C. CITY OR TOWN	7/10,	5301
Normal Hospital		Balteror	D. INSIDE C	
3 grant		E. STREET AND NUMBER	4.4	<u> </u>
30		2 Thistle	Rd	
T WIDOW		61.13/71		Under 1 Yr. If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 108, KINI done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country) 12	CITIZEN OF WHAT COUNTRY
		Md.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE C	
Frank R. Santa	nyau	Sandra L	ee Freder	ick
5. Wes Deceosed Ever in U. S. Armod Forces? Yes, no or unknown] (II yes, givo wor ar doles of servi	1 6. SOCIAL	17. INFORMANT	- Combo	ADDRESS
	SECORITI NO.	5110 Avoco Ave	y Santmyer	it.v
18. 777 X	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Prematu	ubu.	2 days
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	7	
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, given is a line above couse (A) stating	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
Z OTHER SIGNIFICANT COMPRISE COMPRISE	10			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FIWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1]	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No	208. IP YES. WERE FINDS	NGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
OP CONTRIBUTING TICALISE OF	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	or obout 21 C. WHERE DID	(It In Bottimore City	, give exect location)
DEATH (notify modical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	White At Not White At Wark			
22. I certify that (1) (this hospital) attended			9 Z/_ta6	115
that (1) (we) last saw the deceased alive a	in the deceased from		y	19
and hour and fram the causes stated abave			tiu(mh) (ant) ablulau	death accurred on the date
23A. SIGNATURE	(1) (we) (ala) (ala har) Vi	ew the body offer death.	1228	DATE SIGNED
Cleaner L. Noor	am 2 Atter	nding Med.	Staff Phys. 2	
23C.PHYSICIAN'S NAME (Typo)	DEGREE	3D. ADDRESS	hys,	6/15/7/
NAME (Type)				
4A. BURIAL CREMATION, 24B. DATE 24C	DEGREE CEMETERY OF CRE	MATORY 124D- 10	CATION (City, toy	Who of county) (States
REMOVAL (Specify)				vn, or county) (Stote)
Burial June 71 '71 5A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Crest Lawn			aryland
	Ban, 26.0.	Harry H. Witz	Fun Home Ellicott C	ity Md.
/S 150-REV- 1/1/68	2 28	6 .0		





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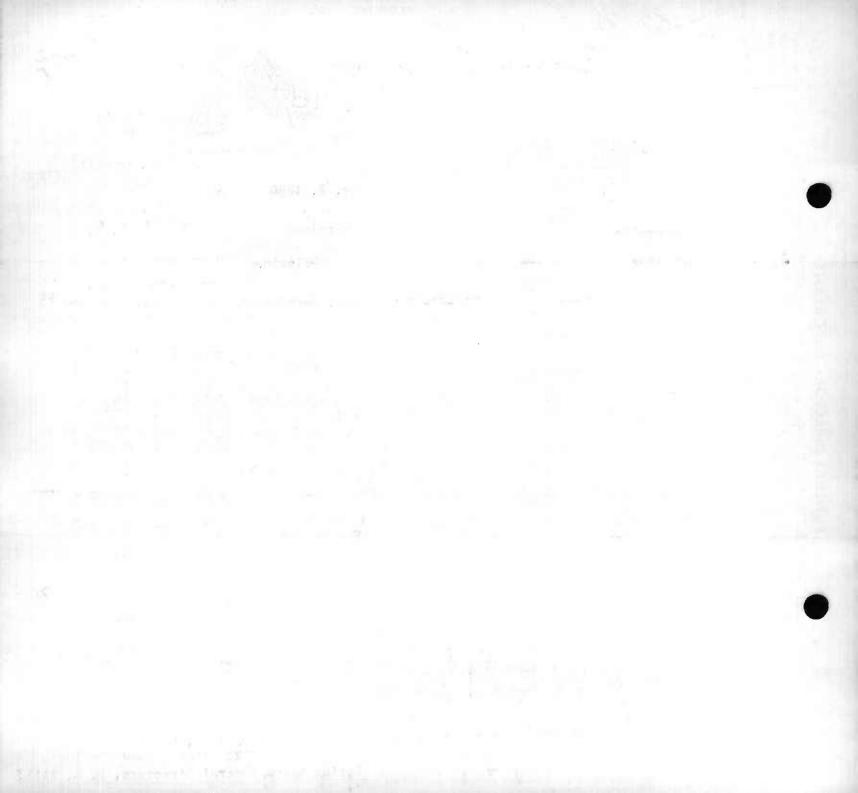
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					BALTIMORE CITY HE						
BIRTH NO.	5814	MED	ICAI	LEX	CAMINER'S	CERTIF	ICATE O	F DEAT	H REG. NO.	1	5814
1. NAME OF DE (Type or Print) A	CEASED LLEN	(ALLAN)	M. HAF	RDY		2. DATE OF DEATH	Known 🔼	Month	16. 1	971	Haur N
4. PLACE IN BA	(IF NO	OT IN HOSPITA	LORINS		UNCED DEAD ON, GIVE STREET	3. DATE	OUNCED DEAD	June Manth June	Doy	971	
OR INSTITUTION		Hopkins		ni t	al (DOA)	5. USUAL A. STATE		ere deceased l			nce before admission)
6. SEX	7. RACE	поришн			NEVER MARRIED	C. CITY O	Maryland R TOWN		D. INSIDE C	ITY LIMIT	S?
Male	Ne	gro	WIDO	WED [DIVORCED [Baltimon	:e	Y	ES X	NO 🗌
9. DATE OF BIR		10.AGE (Ir last birthdo		If Un Manth	der 1 Yr. If Under 24 Hrs. ns, Days , Haurs , Min.	E. STREET	1234 N.	Washino	ton Str	eet	
11. BIRTHPLACE	(State or lore	ign country)			TIZEN OF THAT COUNTRY?	13. FATHE	R'S NAME		COIL DEL		
Maryla		ive kind of world	IAR KINI	D OF B	USINESS OR INDUSTR		in Will				
dane during most of	warking life,	ven ifretired)				Elea	se Hard				
16. WAS DECEA (Yes, na ar unknaw	SED EVER IN	war or dates	of service	5? e)	17. SOCIAL SECURITY NO.	18. INFOR				DDRESS	
Tio.					CAUSE OF DEA		Elease	White	1234	$N \cdot M$	ashing ton
DISEASES RISE TO THE UNDERLY OTHER SIG TO THE DI	NTECEDEN OR CONDITION OR CONDIT	IONS, IF ANY	ONTRIBUTHE	JTING	(B)	AS A CONS	EQUENCE OF:				
20A. DATE C	OF OPERATIO	ON 208. CO	NOITION	FOR	WHICH OPERATION W	AS PERFOR	MED			21. AU	NO NO
22A. EXTE UNDERLYIN UTING C		NTRIB-		228. P home	LACE OF INJURY(e.g., form, factory, street, office Street	in ar about te bldg., etc.)	22C. WHERE DI INJURY OCCUP Central	?			
OF INJURY (APPROX.)		(Day) (Year			HILE AT NOT OCCURRED NOT ORK AT V	WHILE X	Subject was known	INJURY OCC	UR?		bus - parked at
		held on I		_	Inspection X Au				, deoth in my	opinio	n
ACTUA SIGNA EXAMII NAME	L TURE NER'S	Charles	S.		suident X Suici	o. AS:	Homicide L CHIEF MEDICA SISTANT MEDICA OCIATE MEDICA	AL EXAMINER		ne 1	DATE SIGNED
24A. BURIAL CR REMOVAL (Spe Burial	EMATION,	248. DATE 6-21-	-71		t Auburn C			Balto.		rn, ar cou	unty) (Stote)
25A. DATE REC'	BY HEALT			NAME	OF REGISTRAR		FUNERAL DIRE			ADDRES	S
JL	IN T8	11 U4	Beis	٤, ٧	abey M.A.	W	m C Mar	ch 92	8 E. N	orth	Ave.
VS 151-REV. 1/1/	68	186	173	971	100	6	6	4			

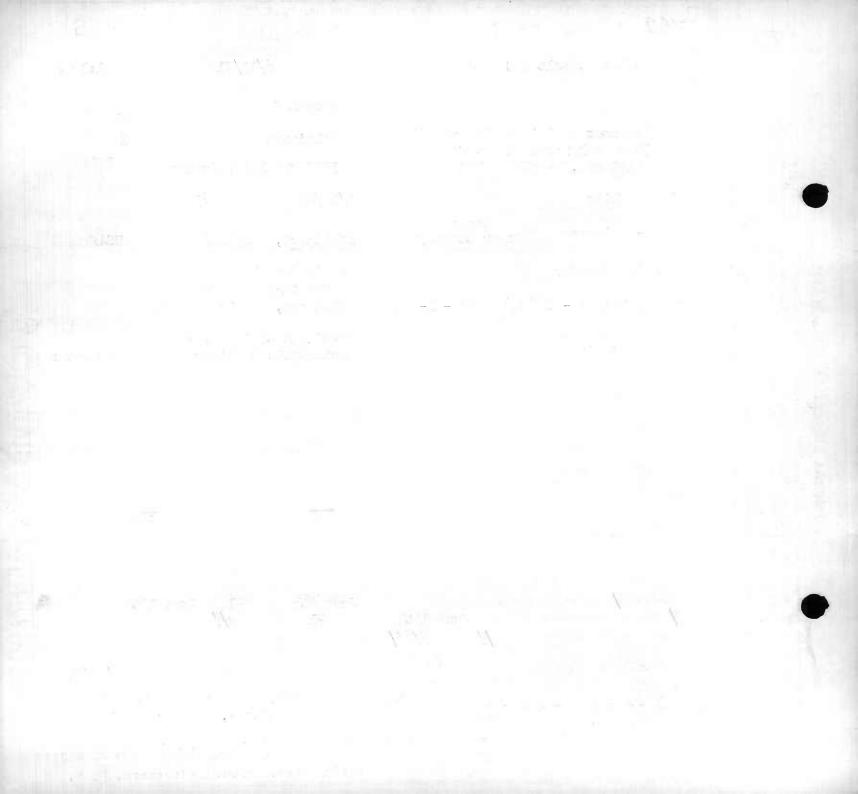
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1	2	BALTIMORE CITY	HEALTH DEPARTMENT	Pro	
	71 581	6 CERTIFICA	TE OF DEATH	REG. NO. 71	5816
	NAME OF DECEASED (Pe or Print) SCHAEFER, Walter B.	arrel1	4.4	10 HOUR OF DEATH	1 1:10 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	a deceased lived. If instituti	on: residence before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	p. INSIDE C	2798
1	/ Veterans Administra	ation Hospital		YES	
2	3900 Loch Raven Bot Baltimore, Maryland	ulevad	E. STREET AND NUMBER		21215
5.			3319 Spauld:	9. AGE (In years If t	Under 1 Yr. If Under 24 His.
-0	Male White Wido	WED DIVORCED	1/29/08	Tost birthday) Mor	oths Days Hours Min.
do	A, USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	Warner	11. BIRTHPLA CE (Stala ar larei	gn country) 12.	CITIZEN OF WHAT COUNTRY
	Retired - Salesman Par		Baltimore, Mar	rvland	USA
13.	FATHER'S NAME		Raltimore Mar 14. Mother's Maiden NAM	AE .	ULUX
	Louis Schaefer		Mattie Crouch		
15. (Yo	Was Deceased Ever in U. S. Armed Farcas? s,no ar unknown) (If yas, give war ar datas of serv	ice) 16. SOCIAL SECURITY NO.	17. WA Hospital R	ecords	ADDRESS
	Yes 7/1/38 - 10/22/1	5 214-01-7916	Baltimore, Ma	ryland 21218	
_	18. / (2 /	CAUSE OF DEATH		y =	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		Carcinoma of	lung	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	metastatic to	o liver	6 months
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the disc	E.C. DUETO OF ACA	CONSEQUENCE OF:		***************************************
	injury or camplication which caused death.)				
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	******************************	-
	DISEASES OR CONDITIONS, if ony, gi	Ihe DUE 10, OK AS	A CONSEQUENCE OF:		10.1
	UNDERLYING CONDITION last.	(C)			****
VION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
CERTIFIC/	2 WAS PERFORMED	OR WHICH OPERATION	YES	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomined)	21B. PLACE OF INJURY (e.g., in hama, larm, factory, streat, officetc.)	or about 21C. WHERE DID	(If In Baltimare City,	~
ED	21 D. TIME (Manth) (Day) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
₹	(APPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend		June Oth 10	971 to June 13	th 19.71
	that (1) (we) last saw the deceased alive	on June 13th	1971ond the		
	and hour and from the couses stated above	e. My (We) (did) /4/d/ plop) vi	ew the body ofter deoth.		
	23A. SIGNATURE	to 0		238, 1	DATE SIGNED
	Jane alla	DEGREE Phys.	Director L P	Staff Phys.	6/14/71
	23C. PHYSICIAN'S NAME (Typo) TAMES ALLA	M	3900 Lo	ch Raven Boule	evard
24/	RIBIAL CREMATION 248 DATE	C. NAME of CEMETERY OF CREA		CARON Maryland	
	REMOVAL (Specify) Burial 6/17/71	Druid Ridge Cem			
25/	A DATE REC'D BY HEALTH DEPT 1258 NA	AAE OF REGISTRAR		esville, Mafryla 8728 Liberty R	ead ADDRESS 2113
	JUN 18 1971 Robert E. 3	ander, M.D.	Lering Byers F	uneral Directe	rs, P. A.
3/6	150 TICLE LATINE				



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Manual Transfer of the Principle State of the Indian State of the

25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR 8728 Liberty Read

Loring Byers Funeral Directors, P. A.

21133

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FUNERAL DIRECTOR:

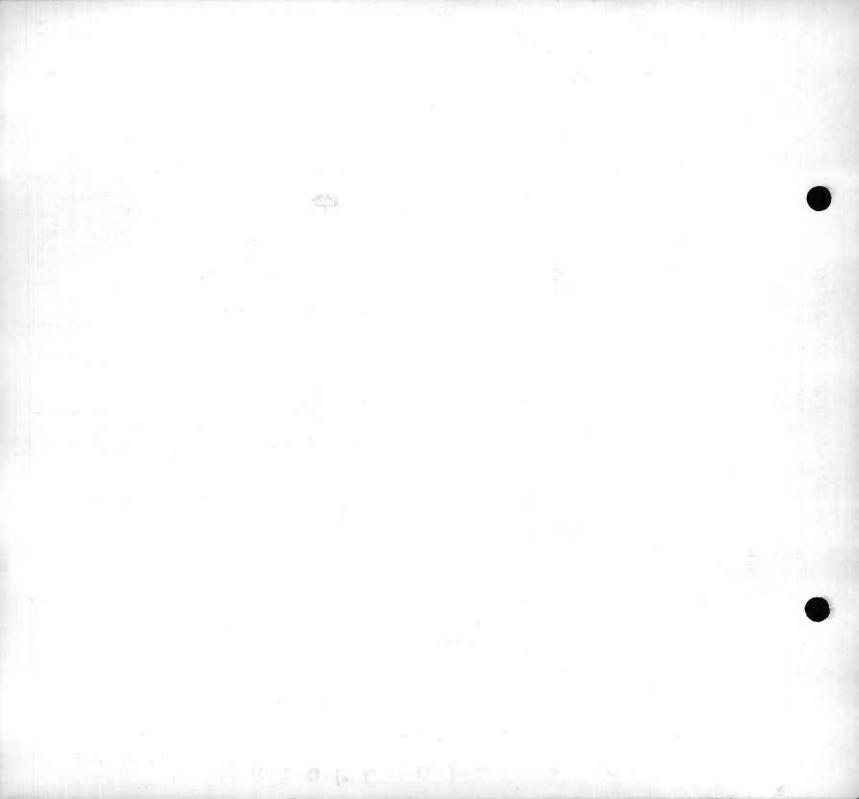
This certificate must be approved by the chief medical examiner or his assistant if death

1/ -00	BALTIMORE CITY	HEALTH DEPARTMENT	
SIRTH NO. 27-25/17/1 5820	CERTIFICA	TE OF DEATH REG. NO.	12 0000
IType or Print LARRY HARRIS		2. OATE AND HOUR OF DEA	TH 32
3. PLACE IN BALTIMORE, MANTLANO, WHERE PRONOUN	CEO DEAO	4. USUAL RESIDENCE (Where deceased lived, I	Il institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	ON, GIVE STREET	MD. C. CITY OR TOWN D. 1	NSIDE CITY LIMITS?
UNIVERSITY MOSPITAL		E. STREET AND NUMBER	YES NO
5. SEX 6. RACE 7. MARPHED	News Washing Co.	8. OATE OF BIRTH 9. AGE (In years	VE.
MIDOWED WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KINO OF BU		I ned bloth day.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF BU	ISINESS OR INOUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
none		BALTO. MD.	u.s.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	u. 5.
Otis Harris			
le we b	SOCIAL	Geneva Dixon	ADORESS
	SECURITY NO.		
18. 0 5 2 XI	CAUSE OF DEATH	Otis Harris 1136 McKean	Ave.
LEADING TO DEATH IThis does not mean the made of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) CHICK DUE TO, OR AS A (B) CHICK DUE TO, OR AS JUVEN	RATION PNEUMONI, SE A CONSEQUENCE OF: A CONSEQUE	30 M/N.
OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	*******************************		
1994-DATE OF OPERATION 1998, CONDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, felc.	CE OF INJURY (e.g., in arm, factory, street, off	or obout 21 C. WHERE OID (If In Boltin ice bidg., INJURY OCCUR?	nore City, give exact location)
OF INJURY (APPROX.) (Month) 10oy) (Year) (Haur) 21E INJ White A	Not White	21f. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the d	leceased fram	19 <u>6</u> 7_1a	JUNE 1/ 19 7/
that (1) (we) last saw the deceased alive an		-1	pinian death accurred an the date
and haur and fram the causes stated abave. (1) (W		the second secon	principal death accorred on the date
23A. SIGNATURE Del + I Kanfman	M.D. Atten	ding Med. Shaff CO	238, OATE SIGNEO 6-12-71
23C. PHYSICIAN'S NAME (Type)	2:	30. AOORESS	9 /- //
Felix L. Kaufman, M.		University Hospital	
- Velace A VIP Inhecity	of CEMETERY OF CREA		City, town, or county) (State)

25C. FUNERAL OIRECTOR

Marshall W. Jones, Jr.

1/35Hariord Ave. About



shows: (1)

BALTIMO	ORE CITY HEALTH DEPARTMENT
CERTI	IFICATE OF DEATH REG. NO. 71 5821
I NAME OF DECEASED	
(Type or Pant) Eleanor Zerbe (ELEANO)	R E. ZERBE 6/17/7/ 146°16 P
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	1/1/// 17./3 1/ M
WHERE PRONOUNCED DEAD	A. STATE 8. COUNTY 14. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR. ADDRESS OR LOCATION)	REET Maryland 20//
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	Baltimore YES X NO
4940 Eastern Ave.	E. STREET AND NUMBER
Baltimore.,d. 21224	3308 Mueller St. Baltimore Md. 21224 007
5. SEX 6. RACE 7. MARRIED NEVER MARR	RIED 8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
Female White WIDOWED DIVOR	CED 2-22-23 40 (40)
IDA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR IN	NOUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Maryland U.S.A.
House Work At Home	
Adam Adam C. Conrad	14. MOTHER'S MAIDEN NAME Lillian Rynkowski
Adam V. Vontak	DITTION NUMBEL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY N	17. INFORMANT 4940 Eastern Ave. ADDRESS
No. 219-07-	
	OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	01 1 1 0 0 0 100 1/2
(This does not more the mode of duine an (A) IMMED	DIATE CAUSE Glaus Fridial Depois 96 MRS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	O, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	inue Desulviti
DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Lemma Loid Arthitis
(0)-42	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 119& CONDITION FOR WHICH OPERATION	200.4 44550 200.0 1
WAS PERFORMED_	ON 20A-AUTOPSY? (Tos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING, CAUSES OF DEATH?
	JRY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bidg., INJURY OCCUR?
D 21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCUR	
S OF INJURY	
	Not While At Work
22. I certify that (I) (this hospital) attended the deceased fro	om 6/17 19 7/ to 6/17 19 7/
that ((1) (we) last saw the deceased alive an 6/17	19 2/ and that i (my) (aur) apinion death accurred on the date
and have and from the causes stated above (1) (We) (did) (did	id not) view the hady after death.
23A. SIGNATURE	238 DATE SIGNED
bot at Burel	Anne de la
29C. PHYSICIAN'S	Phys. Director Phys. 8
NAME (Type)	230. ADDRESS 4940 Eastern Ave, Baltimore, Md.

NAME (Type) UW

24B. DATE

24C. NAME of CEMETERY of

24D. LOCATION

ospitals

(City, town, or county)

(State)

24A. BURIAL CREMATION, REMOVAL (Specify) St. Stanislaus Cometery 6-21-7 6515 Boston Ave.Balto., 24, Md. ol S. ConkTing St. Balto.,21224,Md. 901

VS 150-REV. 1/1/68

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hospital

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DIRECTOR:

FUNERAL

approved

VS 150-REV. 1/1/68

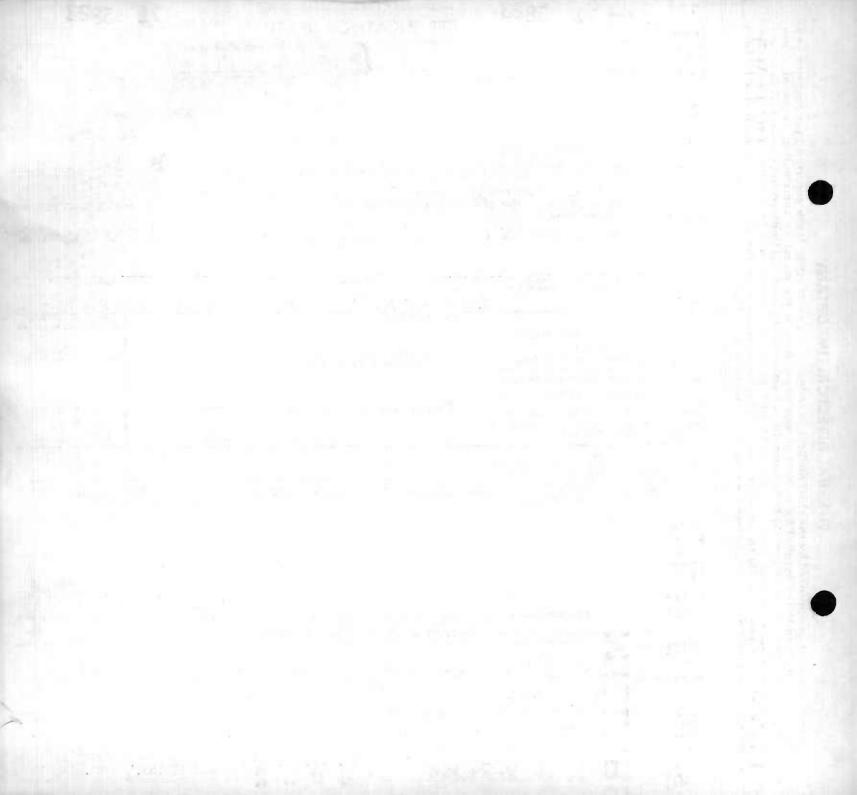
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A result of the second of the 24. A - 42 To 1952 (1952) The state of the s and the same of th

1 55 71 5823	BALTIMORE CITY	HEALTH DEPARTMENT	r)	1 5823
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	7 1983
1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
CHIPMAN, M	ABEL HAL	LETT June	17 197	11 7:25 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR IN HOSMTAL OR IN AODRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. city or town		2768
1,1		Baltimore	2	ES NO
40 nion Memorial	Hospital	E. STREET AND NUMBER 501 Castle		_ ^
5. SEX 6. RACE 7. MARK	LED NEVER MARRIED			If Under 1 Yr. If Under 24 Hrs.
Female white widow	VED DIVORCED	11-30-86	lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION [Give kind of work 10B, KING done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
11	un Home	Massachus	ietts	American
INTERIOR S HAME		14 MOTHER'S MAIDEN NAM	AE	
Maurice Halle	. + +	FLORA		
5. Was Deceased Ever in U. S. Armed Forces? / Yes, no or unknown! (If yes, give war or dotes of servi	cel SECURITY NO. 82	17. INFORMANT		ADDRESS
100	TO AUL M	SMary E. S	schwarz, 1	P. A A
18. 2/ / / . V	CAUSE OF DEATH	SMALL -	- HANDEL COL	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Chock of Benin			BETWEEN ONSET AND DEATH
LEADING TO DEATH		SE Myocardial	Tubut's	7 40.0
1This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS A		- Much (s.	vi ways
injury or complication which caused death.)		100112		
ANTECEDENT CAUSES	(8)	ASCVD		
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		**************************************
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
11	(0)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL		***************	
	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	218 81 4.05 05 11111011/ 1-	Y-60		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	ce bldg., INJURY OCCUR?	(if in Baltimore C	ity, give exect location)
O 21D. TIME (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
E OF INJURY	While At Not While At Work			
22 1 11 11 11 11 11				
22. I certify that (1) (this hospital) attended		ne 5 1		
that (IX(we)) last saw the deceased alive		19and tha	it in(my) (out))apinia	n death accurred on the date
and haur and from the causes stated above	. (1) (We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE			23	B. DATE SIGNED
Tolan Ha	Doegnee Phys.	ding Med.	Stoff Phys.	June 17. 71
23C. PHYSICIAN'S	IV INDEGREE	D. ADDRESS	,	0.16.11.11
NAME (Type) TOHY) GHE	1.2	Union Me	emorial	Hospit
AA BIIRIAL CREAMATION 1248 DATE	M DEGREE			1112 112
	NAME OF CEMETERY OF CHE	MATORY 1940 10		tours on much
Burial 6-21-71	Loudon Park (lto.,	lown, or country) (Stole)
Burial 6-21-71		Demetery Bal	lto.,	Md.
Burial 6-21-71 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Loudon Park (Demetery Bal	lto.,	Md.
Burial 6-21-71	Loudon Park (Demetery Bal		Md.



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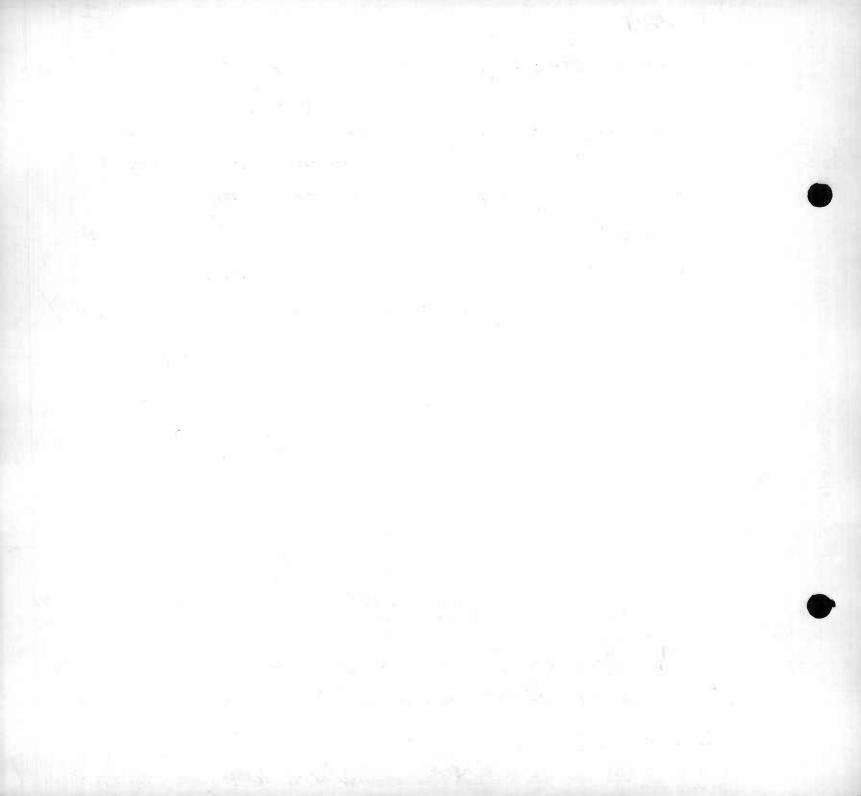
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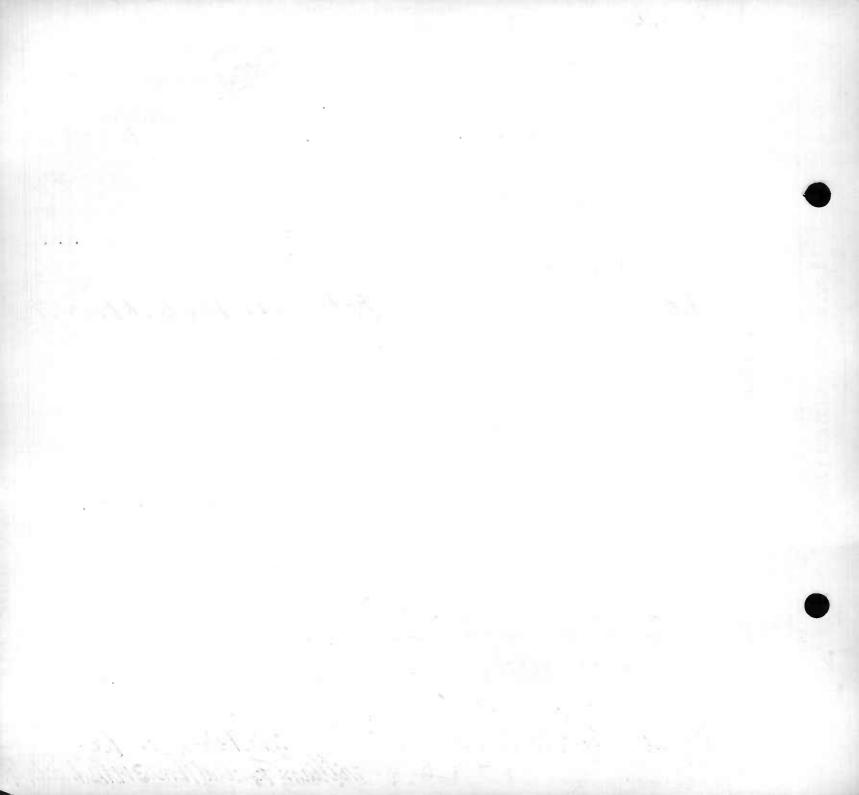
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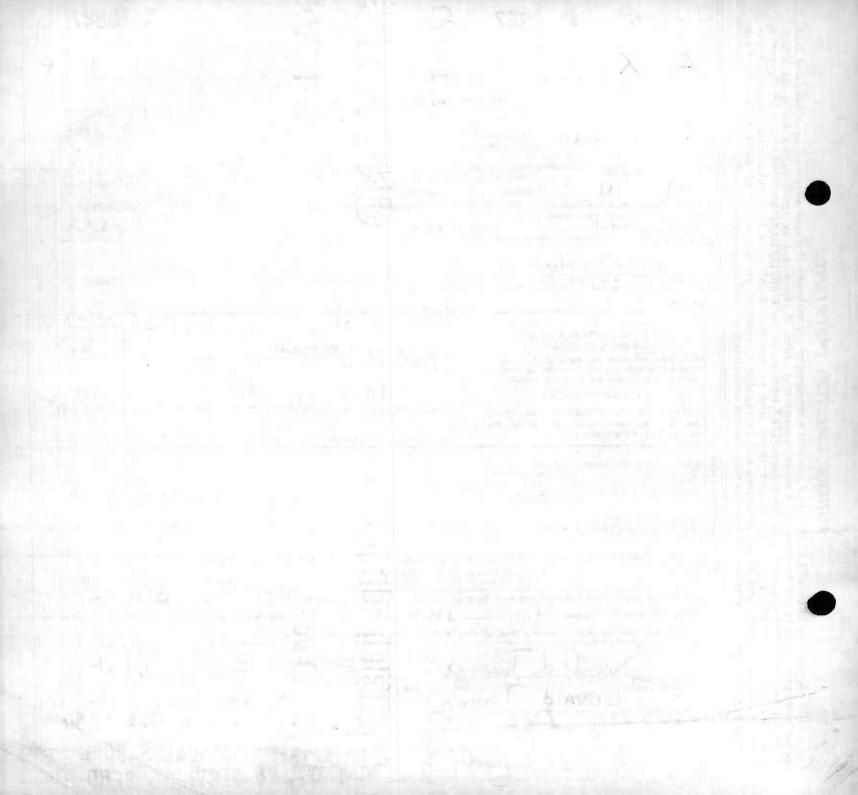
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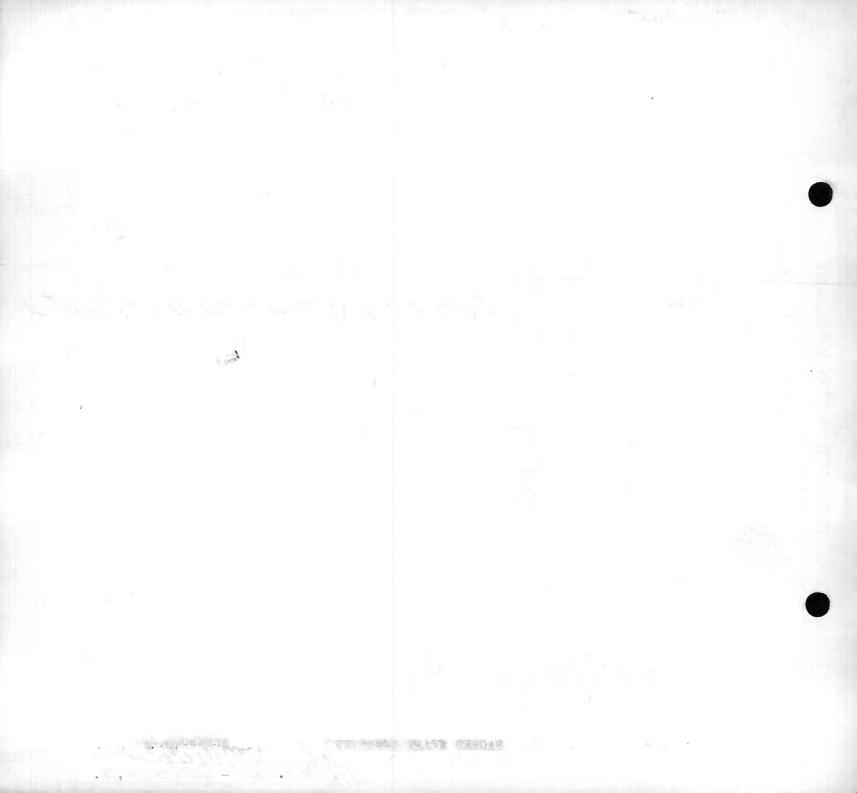
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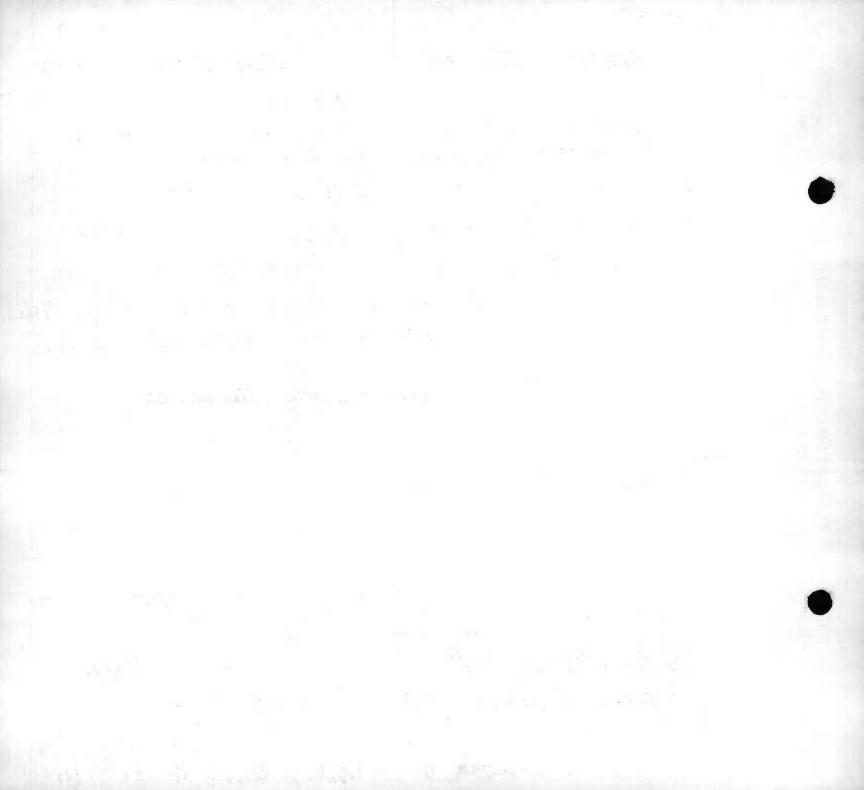
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,	11) 244	0.00	BALTIMORE CITY	HEALTH DEPARTMENT		F13 == 0.15			
BII	1)-200 71 58	327	· CERTIFICA	TE OF DEATH	REG. NO	71 5827			
	NAME OF DICEASED IPO PRINTING TO THE WILLIAM	icks			HOUR OF DEAT	1971 139			
3.	PLACE IN PALTIMORE, MARYLAND, WHE	E PRONOL	INCED DEAD	4. USUAL RESIDENCE (When	e deceased fived. If	institution: residence before admission)			
FL HO	JIL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITU	JTION, GIVE STREET	Md BA	lf	NSIDE CITY (IMITS?			
5	Joithes Hopkins	Hospi	hal	BAlturvie		YES NO			
2	3	4.		E. STREET AND NUMBER	den-				
5.	SEX 6. RACE 7.	MARRIED [MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. if Under 24 Hrs. Manths Days Hours Min.			
	M N	IDOWED [DIVORCED	5-10-10	last birthdoyl	Manths Days Hours Min,			
10/	A USUAL OCCUPATION (Give kind of work 108 ne during most of working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY)). BIRTHPLACE (State of forci	gn country)	12. CITIZEN OF WHAT COUNTRY?			
	UNKNOWN	UN	LKNOWN	unknow		USIA			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE				
	SAM TAYLOY			Lizzie	REGNO	(Do			
15. (Ye	Was Deceased Ever in U. S. Armed Forces?	servicei	SECURITY NO.	17. INFORMANT	1	ADDRESS			
	UNIC.		UNK	P+					
	18. / / 0 , 0 1		CAUSE OF DEATH	11.	0 0 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECT	TLY		Myocardea	r mfarct	21			
	(This does not mean the mode of dyl	ng. e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	***************************************	2~			
	heart failure, asthenia, etc. It means the injury or complication which caused dec	disease,	DUE TO, OR AS A	A CONSEQUENCE OF:					
	ANTECEDENT CAUSES		- 4	ARCUE		10: -			
	DISEASES OR CONDITIONS, if any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:	**************				
	rise to the above cause (A) sta UNDERLYING CONDITION last.								
	CHEERING CONDITION 1055		(C)						
NO	OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING							
ATI	TO THE DEATH BUT NOT RELATED TO THE TIDISEASE OR CONDITION GIVEN IN PART 1	RMINAL	*************			POSCO - CONTROL			
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE	E FINDINGS CONSIDERED			
MEDICAL CI	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. home	PLACE OF INJURY (e.g., in b, form, foctory, street, aff	ar about 21C, WHERE DID	(If In Baltim	ore City, give exact location)			
4ED	OF INJURY (Month! (Day! (Year) (H		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
<	(APPROX)		Not While		Noon	0 t . P.			
	22. I certify that (I) (this hospital) attended the deceased from to 19 to 6/11 2 19								
	that (I) (we) lost sow the deceased alive on JUM 19 71 and that In(my) (our) opinion death occurred on the date								
	and hour and from the causes stated	bove. (I)	(We) (did) (did not) vi						
	23A. SIGNATURE 23R. DATE SIGNED								
	Donald d.	1no	DEGREE Phys.	Med. Director	Shaff Phys,	((0/2)			
	23C. PHYSICIAN'S NAME (Type)		DEGREE	3D. ADDRESS	0	0			
	DONALD	1120	OMP DEGREE	601 N	Drooden	a balt md			
24#	REMOVAL (Specify)	24C.NA	ME at CREI	MAJOU A TO M PID. HO	श्याक्षण ताम्	Citation Polyc until A (State)			
	6-18-7			ANATOMI D	UARD UI	CALLET MARKET			
25A	DATE REC'D BY HEALTH DEPT. 258	NAME OF	REGISTRAR	PROPERTY OF FIRE	MEDICA	L SCHOOLS			
_	JUN 18 19/1 (6000 6)			MARTIARY	SEDVICE	E RCWD			
VS	150-REV. 1/1/68				STATE OF	19716			



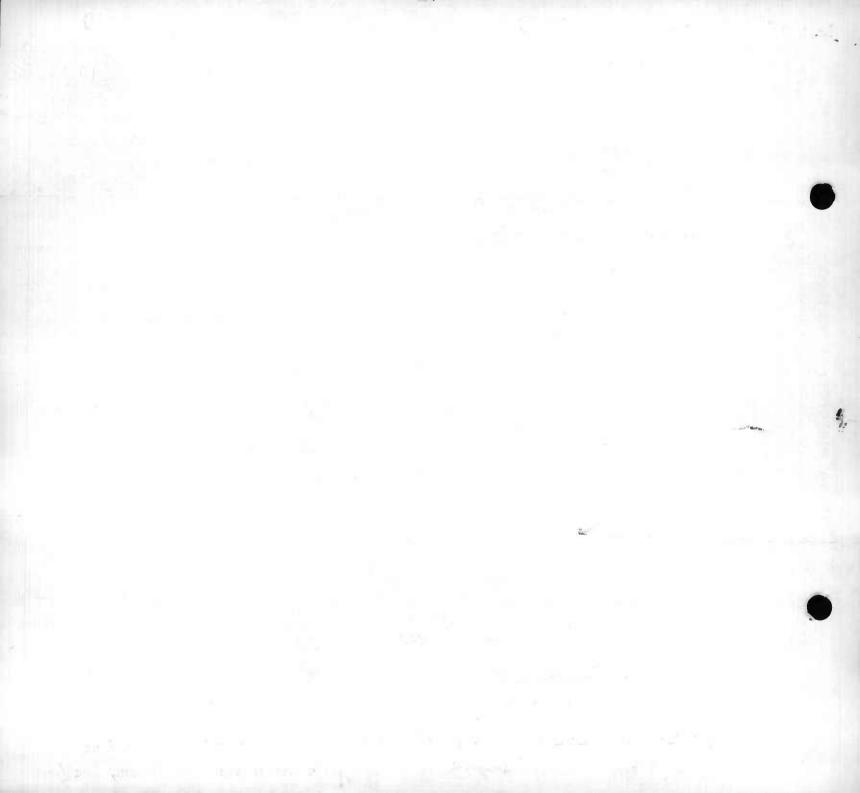




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a hospital

	1 10 74 5020 BALTIMORE CITY	HEALTH DEPARTMENT	5020			
	7-662 71 5830 CERTIFICA	TE OF DEATH REG. NO. 71	<u> </u>			
	1.NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	CTYPE OF Print) FAIRHURST, LOUISE	16 JUNE 71	1 10:25 AM.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institu	tion: rasidence before admission)			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE C	CITY LIMITS?			
4	WINION MEMORIAL HOSPITAL	BALTIMORE YES NO				
	33RD & CALVERT STS.	E. STREET AND NUMBER				
P	BACTMORR, MD 21218	5707 CHINGUAPIN PARKWAY				
made	CAUC WIDOWED NEVER MARRIED NEVER MARRIED	9/24/8/ 1 29	Under 1 Yr. If Under 24 His.			
si r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?			
disposition	done during most of working life, even if refired) WHICHOUSE HOMEMARER OUN home		u.s.			
Si	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	MIJ,			
D S	DAVID HOPKINS					
P		MARY TAYLOR				
final	SECURITY NO.	17. INFORMANT	ADDRESS			
Ē	NO 215 03 7728	UNION MEMORIAL ADMISSION HT.	spory			
0	18. 4/2 4 1 CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
E	(This does not mean the made of dying, e.g. (A)IMMEDIATE CAU		4 DAYS			
pal	heart laiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:				
E	ANTECEDENT CAUSES					
re e	DISEASES OR CONDITIONS, if ony, giving (B) DUE 10, OR AS	ACONSEQUENCE OF:	3-4 weeks			
8	rise to the above cause (A) stating the		SEVERAL			
ns	UNDERLYING CONDITION last. (C)	GENERALIZE ASCVD	YSA95			
remains	z II	- 100				
ren	I I I I I I I I I I I I I I I I I I I	ATOID ARTHRITIS, C PREDNISONR RX				
0	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	120 A	***************************************			
+	WAS PERFORMED NY SCHOOL INFORCTION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDI	OF DEATH?			
ore	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in lone, form, foctory, street, off	/ /	r, give exact location)			
before	DEATH (natify medical examiner) N 6	ice bldg. INJURY OCCUR?	, give exact localian			
ned	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?				
<u>.</u>	(APPROX.) While AI Not While AI Wark					
à	22. I certify that (this hospital) attended the deceased fram	6/10 19 21 to 6/16	19 24			
6	that (we) last saw the deceased alive an	19 27 and that in (my) (aur) apinian	,			
9	and haur and fram the causes stated above. (M) (We) (did) (474 1964) vi	and ittot infutly facil abilital	death accurred on the date			
S	23A. SIGNATURE		DATE SIGNED			
E	Brus lasta, de o de est Atten		-			
0	23C. PHYSICIAN'S Phys.	Director Phys //	6 June 71			
approval must be obt	NAME (Type)	1 4				
de	Druce Wilder, M. D., M. P. H. DEGREE	Union Momorial Hospital, Baltimo				
2	REMOVAL (Specify)	- to the state of	wn, or county) (State)			
written	Burial-transit 6-18-71 Locust Hill Cem	etery Evansville 25C. FUNERAL DIRECTOR Sons To:	Indiana			
5	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
>	JUN XI 13/1 MODEDO C. MODEDO C.	A John Daving Jons 10	wson, Maryland			



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Service Part V Charles - Present Service

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Paragrama U.S.M.

6/16/71 Vending Reserver Vondiern, 100 but office | Delta was a sale has been all ground and the sale has been a sale

				DEAII	1		,		
JLL NAME OF OSPITAL	TIMORE, MARYLAND, N (IF NOT IN HOSPIT ADDRESS OR LOCA			3. DATE PRON	OUNCED DEAD	Month June	Doy 12,	Yeor 1971	11:45 Pm.
3 8	University		S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					efore admission)	
SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY	OR TOWN	T	. INSIDE CIT	Y LIMITS?	
Male	White	WIDOWED			Baltimor	ρ	VE	s 🖈 ı	No 🗆
DATE OF BIRTI			nder 1 Yr. If Under 24 Hrs.	E. STREE	T AND NUMBER		1 5	S (4) 1	NO L.J
	lost birthdo	y) Mon	ths Doys Hours Min.						
Nov. 18,	1925 45		1 1		3714 Sou	thern Av	renue		
Baltime	ore. Md.	,	CITIZEN OF WHAT COUNTRY? USA	Car	er's NAME 1 Peterson	Sr.			
A.USUAL OCCU	PATION (Give kind of work vorking life, even if retired)	148. KIND OF	BUSINESS OR INDUSTRY	15. MOT	HER'S MAIDEN NA	WE			
		Dolto	Dalies Dant						
WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	Police Dept.	18. INFO	RMANT		AD	DRESS	
	(If yes, give war or dates	at service)	SECURITY NO.	Mana	II-lan D	D-+	וורחב	C 41	A
Yes	WW-2		219-10-5480 CAUSE OF DEA		Helen D.	Peterso	1-3/14	DOU LINE	PROXIMATE INTERVAL
2-1	6 31 X		CAUSE OF DEA	""				BETWI	EEN ONSET AND DEATH
	E OR CONDITION DIRE	CTLY							
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE	Gunshot	wound of	head		
(This daes n	at mean the made of d , osthenio, etc. It means th	ying, e.g., e diseose.	DUE TO, OR A	S A CONS	EQUENCE OF:				
	nplication which coused de								
	HITCEDENII CAHCEC								
	NTECEDENT CAUSES OR CONDITIONS, IF AN	Y GIVING	(B)DUE TO, OR	AS A CON	SEQUENCE OF:				
RISE TO THE	E ABOVE CAUSE (A) STA	TING THE							
UNDERLYIN	NG CONDITION LAST.		(c)						
	11								
TO THE DEA	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINAL	10080000000000000000000000000000000000						
			WHICH OPERATION WA	AS PERFO	RMED			21. AUTOI	SY? (Yes or No)
5									
22A. FXTER	NAL CAUSE WAS	228	DIACE OF INITIDY	in as abou	22C WHERE DID	fit in Baltimore	City sive aver		Yes
UNDERLYING UTING CA	SMOR CONTRIB- USE OF DEATH.		PLACE OF INJURY(e.g., e, farm, factory, street, affice sidewalk	e bldg., etc.	Pearl and	Lexingt	on Str	eets	402
OF INJURY	(Month) (Day) (Yea	, , , ,	2E.INJURY OCCURRED		22F. HOW DID IN	IJURY OCCUR	?		
(APPROX.)	6-12-71 9:	55 P.m.	WHILE AT X NOT	ORK	Police of	ficer sh	ot whi	le on	duty
23.									
1 cert	ify that I held on	Inquiry 🗌	Inspection Au	topsy	ond that on	this basis, d	eoth In my	opinlon	
resul	ted from: Notural co	uses 🔲 A	ccident Suicid	le 🔲	Homicide X	Undetermine	d monner		
	01 1	7 0			CHIEF MEDICAL		7		
ACTUAL	(Gunds	3), 1	's and	A	SISTANT MEDICAL		<u> </u>		DATE SIGNED
SIGNATI	URE		M.D						
EXAMIN NAME (1	_(ype) Charle		ringate, M.D.		SOCIATE MEDICAL	EXAMINER L	Jui	ne 13,	1971
4A. BURIAL CRE/ EMOVAL (Speci		24	C. NAME of CEMETERY	or CREMA	TORY 24D	LOCATION	(City, town	, ar county)	(State)
Burial	6/16	/71	Holy Redeeme	r Cem	etery	Balto.	Md.		
	BY HEALTH DETT	25B NAME	OF REGISTRAR	250	tchell-Wie			ODRESS OO Yor	k Rd. 12
		ung							
5 151-REV. 1/1/6E	N8014	F ? /:	1000	4	8 3 1				1/

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L 6/16/91 Helbert Company Balso, Hd.

C-560 71 58		HEALTH DEPARTMENT	REG. NO. 74 5022					
BIRTH NO.	CERTIFICA	TE OF DEATH	5800					
1. NAME OF DECEASED		2. DATE AND HOU	IR OF DEATH					
Mary C. Con	ner		5/11/77 , 7:30 A					
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decen	osed fived. If institution: residence before admission					
FULL NAME OF (IF NOT IN HOSPITA	TERRET BYLD MOMILITIZALI SO IA	A. STATE B. COUNTY Maryland	Baltimore 5300					
HOSPITAL OR ADDRESS OR LOCA	TION	C. CITY OR TOWN	D. INSIDE CITY LIMITS?					
2 14		Luthervièle YES NO						
3/		E. STREET AND NUMBER	IES NO NO					
	1 - 3 T							
Mercy Hospi		1007 W. Seminary						
6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr., If Under 24 Ha hday) Months Doys Hours Min,					
Female White	WIDOWED DIVORCED	10/20/11	hday) 59 Months Days Hours Min.					
OA. USUAL OCCUPATION (Give kind of work)	IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of love on sour	110 617571 67					
Teacher	RETIRED	Maryland Maryland	USA USA					
Daniel Cinnamon	d	14. MOTHER'S MAIDEN NAME Helene M. Bul	llock					
5. Was Deceased Ever in U. S. Armed Force	se? [1 6. SOCIAL	17. INFORMANT						
(es, no ar unknown) (II yes, give war or doles	of service) SECURITY NO.	THEORIMAN	ADDRESS					
No	214402835	LESTER B. CONNI	ER SAME					
DISEASE OR CONDITION DIRE LEADING TO DEATH IThis does not mean the mode of a heart failure, osthenia, etc. It means to injury or complication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if and the above cause IA) and UNDERLYING CONDITION last.	dying, e.g., he disease, death.) (A) IMMEDIATE CAU DUE TO, OR AS A (B) Allus DUE TO, OR AS (C) MA	CONSEQUENCE OF: Mad' - Least disele A CONSEQUENCE OF: 141.6	Setween ONSET AND DEAT					
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL		***************************************					
19A-DATE OF OPERATION 19B. CONDI	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. III	F YES, WERE FINDINGS CONSIDERED RTIFTING CAUSES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inosity medical examines	21 B. PLACE OF INJURY (e.g., in hame, form, lociary, street, affi	or obout 21 C. WHERE DID ce bldg. NJURY OCCUR?	(II In Boltimore City, give exact location)					
21 D. TIME (Month) (Day) (Year)	(Houd 21E INJURY OCCURRED	21E HOW DID IN HURY OC	CUR					
OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?						
IAPPROXI	Work L At Wark		1 / 1					
22. I goverfine short (1) (shife bounded) when the list is								
that (1) (we) lost sow the deceased alive on								
and hour and from the sauses states	d above. (1) (We) (did) (did man) at	ow the hade often death	The date of the date					
23A. SIGNATURE	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.							
1 men	Atten Phys.	ding Med. Staff Director Phys.	23B. DATE SIGNED					
23C. PHYSICIAN'S NAME (Typel	Keun King 2	D. ADDRESS /Yer	Cy Hospitul					
A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CREA	MATORY 24D. LOCATION	(City, town, or county) (Stole)					
BURIAL 6/17/7.	1 WOODLAWN CEM	ETERY WOODL	AWN BALTO MD					
	Salen Ka *	25C. FUNERAL DIRECTOR	ADDRESS EFELD HOME 6500 YORK					

Absorption man dargenty, dargety, and the contract of

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0				BALTIMORE CITY	HEALTH DEPARTMENT	V	Private	= A O A	
CTOTU C	234	74 50	34	CERTIFICA	TE OF DEATH	REG.	NO. 71	5834	
NAME	OF DECEASED	/110	OL T		2 DATE	AND HOUR OF	DEATH		
Type or	Print)	WILLIA		2. COSTELL	0 3	une 16	1971	7:304	
3. PLACE	E IN BALTIMORE	MARTLAND, WI	IERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	UNTY			
ATISOH	JULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR STRUTION JOHNS HOPKINS HOSPITAL			Maryland	Anr	ne Arund	220		
				Glen Burn	ie	YES	3596		
350	2445	HOPKINS	1+	OSPITAL	E. STREET AND NUMBER 1420 Olen Avenue 8. DATE OF BIRTH 9. AGE lin yeors Il Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.				
5-	5								
SEX	6. RAC	E	MARRIED	NEVER MARRIED					
M	ALG C	AUCASIAN	WIDOWED	DIVORCED	5/29/15	lost billiogy	56		
			IOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	oreign country)	12. CI	TIZEN OF WHAT COUNTE	
	CLERK	ilo, even it relifed)	CLA	ANING	ONTARIO,	CANAI	DA	U.S.A.	
3. FATH	ER'S NAME				14. MOTHER'S MAIDEN	MAME			
	James Co				Clara S	chroder			
S. Was I	Deceased Ever in	U. S. Armed Force	os?	SECURITY NO.	17. INFORMANT	- 0	0	ADDRESS	
N	8	give wat of dollar		577-07-524	JOSEPH F	FARREL	L- /A	PADENA MI	
18.	571,	71		CAUSE OF DEAT				APPROXIMATE INTERVAL	
		CONDITION DIR	ECTLY		11-2-		0		
(This		NO TO DEATH	dvina e a	(A) IMMEDIATE CAL	V-0	RENAL -	SYNDROME	month,	
heor	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,								
Injur		n which caused	death.)		C				
	ANTEC	EDENT CAUSES		(8)	CIRRH	0515		Yeares	
		NDITIONS, If a		· · · · ·	A CONSEQUENCE OF:				
		re cause (A)	stating the	A -					
0111	UNDERLYING CONDITION last. (C)								
ZOTHE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
E TO T	HE DEATH BUT N	NOT RELATED TO TH	E TERMINAL						
19A.	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			Yes	No. 208. IF YES	WERE FINDING	S CONSIDERED DEATH?		
₩ 21A.	ACCIDENT WAS	UNDERLYING	218	PLACE OF INJURY (a.g.	410			live exact location)	
OR C	214. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., long, form, foctory, street of DEATH Inofity medical examined)				fice bidg. INJURY OCCUR	7			
UI) (Day) (Year)	(No) 226	INJURY OCCURRED	215 HOW DIO	INJURY OCCUR			
W OF I	NJURY	ii (Day) (Teau		ile At [7] Not Whit		INJURY OCCUR!			
(APP	ROXI		Wo						
22. 1	22. I certify that (1) (this hospital) attended the deceased from John 1971 to Jone 1971								
	that (1) (we) last saw the deceased alive on 500 16 19 71 and that in (my) (our) apinion death occurred on the date								
	and have and from the causes stated above. (1) (We) (did) (did-not) view the body after death.								
23A.	SIGNATURE	. / /	11	M.D. AH				ATE SIGNED	
	Folse	A.A.	Lle	DEGREE Phy	nding Med.	Shuff D	し び	ne 16,1971	
23 C.	23C. PHYSICIAN'S NAME (Type) A A A A A A A A A A A A A								
24A, 8118	RIAL CREMATION			AME OF CEMETERY OF CR		LOCATION	(City town	or countyl (State)	
	NOVAL (Specify)	la Tial	/ 240.14	- M	7	20 LOCATION) (M C	
15	URIAL	(المالم	/	DT. 1.1 ARY'S	FM ETERY D	COYANTO	NN, VI	MARYS (OUN)	
25A. DA	TE REC'D BY HE	ALTH DEPT.	25 B. NAME	OF REGISTRAR	259. FUNERAL DIREC	TOR	1	- ADDRESS M	
1	AL PT TO	有人以上,	医 原版	The state of the s	1 SAX MYS	LBC. GIN	1K-OZE	N DURNIE	
VS 150-8	EV. 1/1/68		1	A CONTRACTOR	1 1 0 0	U			

Town Recording Profile

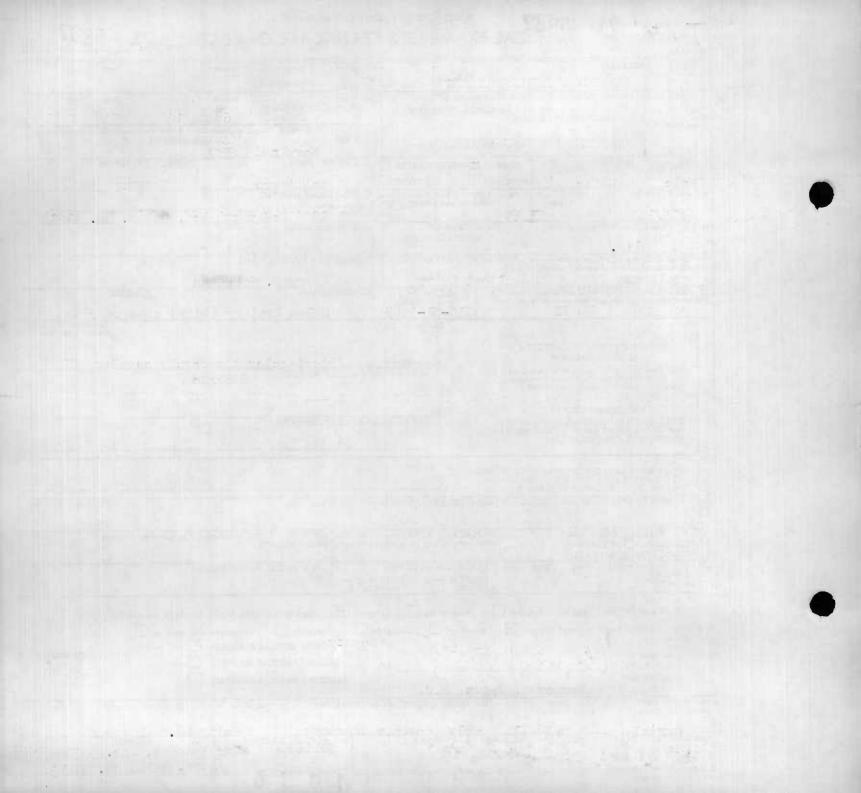
IMPORTAN or his examiner FUNERAL DIRECTOR: by the chief medical approved must certificate

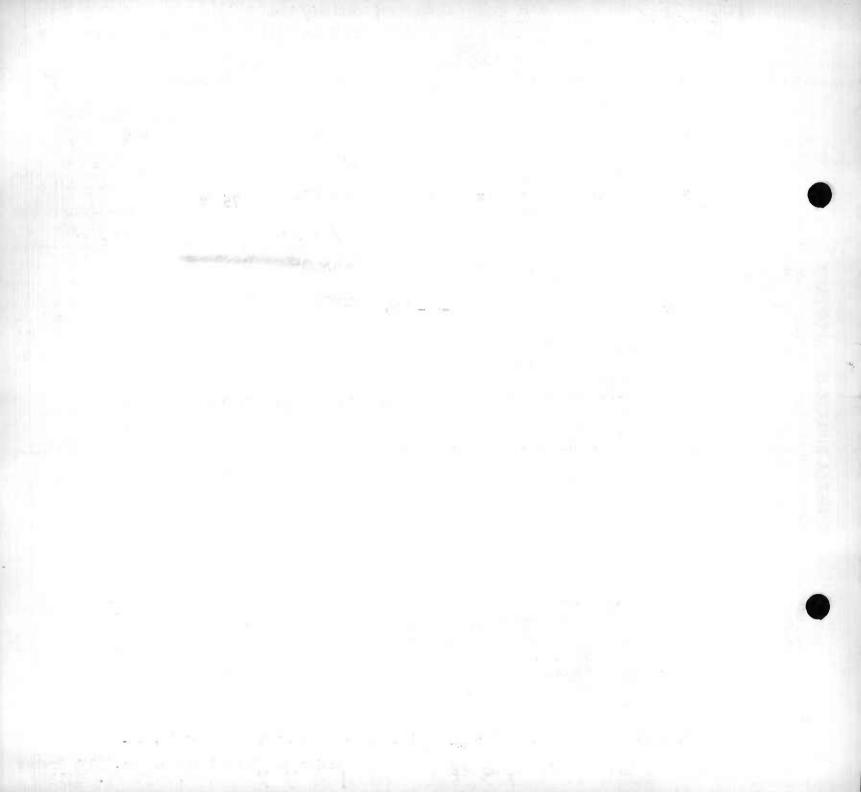
ITY HEALTH DEPARTMENT 71 5835
ATE OF DEATH REG. NO.
12. DATE AND HOUR OF DEATH
MIEUWSKI 6/14/7/ 4.45 PM. 14. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before admission)
A. STATE B. COUNTY
G.C.CITY OR TOWN D. INSIDE CITY HAMES
Q . Of the second of the secon
E. STREET AND NUMBER
5025 Rose St 21224.
B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
13 [DECILLE 19 YRS.
12. CHIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME
MARCELLA ROMINSKI
ADDRESS ADDRESS
MIRCEZLA ROMINSKA 17. INFORMANT ADDRESS MYS. Coftenie Klesgezent: 302 S Rose F ATH APPROXIMATE NUTBERAL BETWEEN ONSET AND DEATH
APPROXIMATE NUTERVAL BETWEEN ONSET AND DEATH
AUSE Myorasdial hours AS A CONSEQUENCE OF: Infarction
S A CONSEQUENCE OF:
Infarcolous.
A.S. H.D.
AS A CONSEQUENCE OF:
20A-AUTOPST2 (Yes or No.) 20B. IF YES, WESE SINDINGS CONSIDERED
20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
21 F. HOW DID INJURY OCCUR?
nile
6.14 197/106.14 197/
19 7/ ond that in (my) (our) opinion death occurred on the date
view the body after death.
tending Med. Stoff Dat 238. DATE SIGNED
lys. Director Phys.
23D. ADDRESS (31)
REMATORY 24D DOCATION (City town or county) (State)
Congression of Congre
US CEM DALTIMORE DO .
MYMOND & KACZOROWSKI 2525FLEET)

Leuren Grant Marie Commission Marcalles Rominsti

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Lane, Balto Md. 21213





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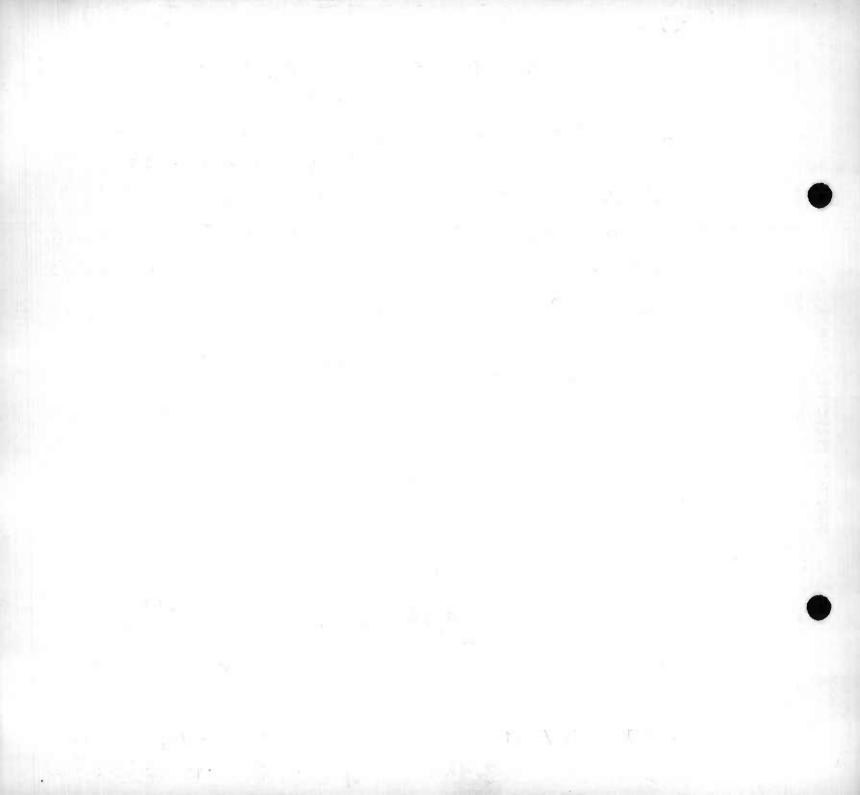
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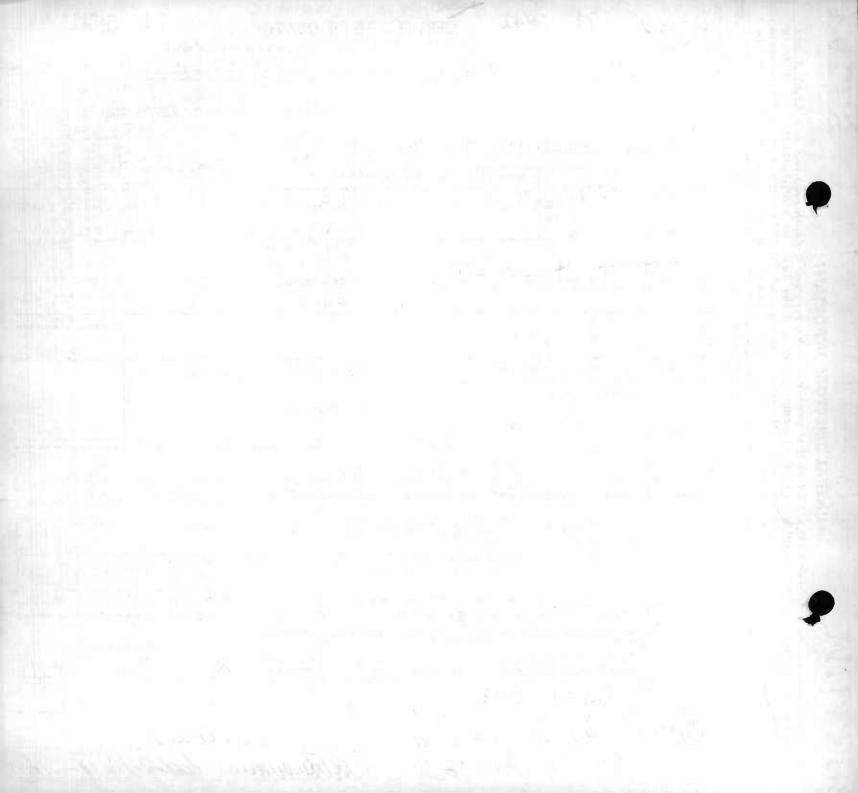
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Hillian ...

S-3/3 71 5840 BALT	TIMORE CITY HEALTH DEPARTMENT 71 5840						
S-363 71 5840 CER	RTIFICATE OF DEATH REG. NO.						
1. NAME OF DECEASED (Type or Print)	2 DATE AND HOUR OF DEATH						
VINCENT & Stew	1ART 10/16/71 1/550						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET MARY AND D. INSIDE CITY LIMITS?						
BON Secouls HOSA							
000000000000000000000000000000000000000	E. STREET AND NUMBER						
34	2671 HAFER St.						
5. SEX 6. RACE 7. MARRIED NEVER M	MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Manths; Days; Hours; Min.						
	ORCED 105/09/08 63						
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS O done during most of working life, even if refired)	122 CHIZZE OF WHA! COUNTRY						
Retired ON Disab. UNKRO							
	14. MOTHER'S MAIDEN/NAME						
George Stewart	Lan Lhow N Emma Cathell						
15. Was Decessed Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor at dates of service) 16. SOCIAL SECURITY	TY NO. ADDRESS						
1en Knjown No 2127	12-20 FRONT Shagt of Chapt						
	E OF DEATH HARD-WELLENISC STROKE BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	duo to Hemonitagie						
(This does not mean the mode of dving an (A)[M]	MEDIATE CAUSE JE 10, OR AS A CONSEQUENCE OF:						
heart failure, osthenia, etc. It meons the disease, injury or complication which coused death.)	The of Colon- 18055; stem Peptie ulas						
ANTECEDENT CAUSES	7/1/ Ac 7 Poss; heart attack.						
DISEASES OR CONDITIONS, if ony, giving	JE TO, OR AS A CONSEQUENCE OF:						
rise Ia the obove couse (A) stating the UNDERLYING CONDITION lost. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	4 4 4 9						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	Mone						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179.A. DATE OF OPERATION 179.C. CONDITION FOR WHICH OPERA WAS PERFORMED 21A. A.C. CIDENT WAS UNDERLYING 1	ATION 20A- AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
The state of the s	NJURY (e.g., in or about 21 C. WHERE DID (If In Baltimore City, give exact lacation) ny, street, affice bidg., INJURY OCCUR?						
S OF INJURY	Not While						
Wark	AT WOR						
22. I certify that (1) (this hospital) attended the deceased from							
that (i) (we) lost sow the deceased alive on 19 ond that in(my) (our) opinion death occurred on the date							
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.							
Ferdow Kazemi M	Attending Med. Stoff New 238, DATE SIGNED						
	DEGREE Phys. Director Phys.						
NAME (Typel	23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	DEGREE						
REMOVAL (Specify)	ETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)						
The state of the s	Haven Glen Burnie, Maryland						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR L. Faller, M.D.	2SC. EUNERAL DIRECTOR G. Truman Schwab						
VS 150 REV. 1/1/68)) August Alba 3512 Frederick Ave.						



BALTIMORE CIT	TY HEALTH DEPARTMENT
D-260 71 5841 CERTIFICA	ATE OF DEATH REG. NO. 71 5841
1. NAME OF DECEASED	2. OATE AND HOUR OF DEATH
Decker, Vivian	June 15, 1971 3:30 a M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	Maryland 2/3/
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4 The stands I House to	Baltimore YES NO [
Tunion Memorial Hospital	
5. SEX 6. RACE 7. MARRIED AUGUST MARRIED	1 4315 Walther Blyd.
MAKKIED NEVER MAKKIED	liast bitinday) Manins: Doys : Hours : Min.
Female White WIDOWED DIVORCED	1 10-28-28 41
ICA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Manufacial augustan
IN PMOI () PC)	Maryland american
A	14. MOTHER'S MAIOEN NAME
George M. Decker	Boehm Edith
5. Was Deceased Ever In U. S. Armed Forces? Yes, no of unknown) [if yes, give war of dates of service] 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
Tes, no of unknown) lif yes, give war of dates of service! SECURITY NO.	Edith B. Decker Same as about
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cost' de V
(A) IMMEDIATE CA	
heart failure, asthenia, etc. It means the disease,	SA CONSEQUENCE OF: Unknown Origin
injury at complication which caused death.)	contact of the second
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE 10, OR A	S A CONSEQUENCE OF:
luse to the above cares ful statut the	
UNDERLYING CONDITION last, (c)	
,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TOTHE DEATH BUT NOT RELATED TO THE TERMINAL TO THE CONTRIBUTIONS	withdraul syndrome @ Gastritis.
DISEASE OR CONDITION GIVEN IN PART 1 (A).	The state of the s
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1986. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No moderni mo exoses of Beam.
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C, WHERE DID alfice bldg, INJURY OCCUR?
DEATH (notify medical examine)	auce noge Mont occost
210-TIME (Month) (Day) (Yearl (Haur) 215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX) While At Not Whi	k
22. I certify that (1) (this hospital) attended the deceased from	JUNE 14 19 71 10 June 15 19 71
that (1)((we))lost sow the deceased alive on Tune 15	
and hour and from the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	23 B, DATE SIGNED
Who the WD DEGREE Phy	tending Med. Shaff June 15, 1971
23C.PHYSICIAN'S	23 D. ADDRESS
NAME (Type) Talva 1146	Marina 1 Harrist 1
LOHTU UTE MDOEGREE	e Union Memorral Mospital.
246. BURIAL CREMATION, 24B. DATE 24C. NAME of CRAETERY of CR	REMATORY 24D. LOGATION (City, town, at county) (State)
Dunal 6/18/11 (les doin	1 Aprilla hid
- Carcar	a colored to
25A. DATE REC'D BY HEALTH DAPT 25B MANAGE OF REGISTRAR	25C. FUNERAL DIRECTOR
25A. DATE REC'D BY HEALTH OF THE STAND OF HEGISTRAN	255 FUNERAL DIRECTOR COLOT HOLDESS



Marie , Francisco .to boowersk of Lan tision agricu - The state of the ANTONIO Transmit the distriction of the contract of the contra

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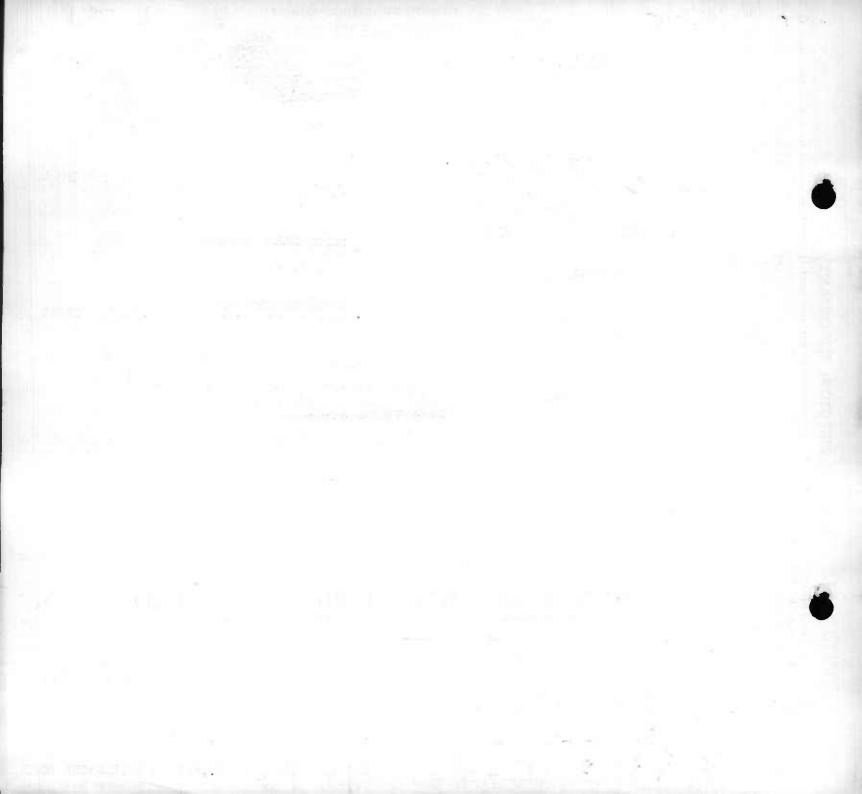
o/2/71-Date of operation

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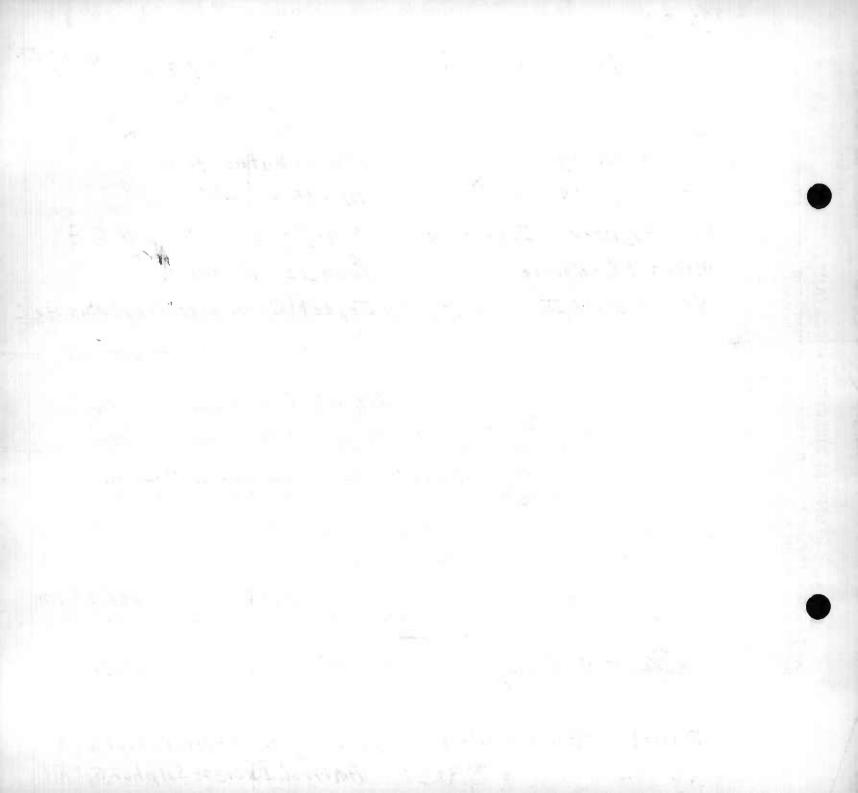


10)			BALTIMORE CIT	Y HEALTH DEPA	RTMENT		714 =	CME
BIRTH	-560 -	1 584	5	CERTIFICA	ATE OF D	EATH	REG. NO	11 0	844
	OF DECEASED	FR Y		0		2. DATE AN	D HOUR OF DEAT	н	
3. PLA	CE IN BALTIMORE		VINE,	D DEAD	I 4 USUAL RESI	DENCE (When	e deceased lived II		dence before admission)
FULL		NOT IN HOSPITAL			C, CITY OR TOV	D.	USH	7. 3	3-00
5	singi He	81. of B	Balom	m	C. CITT OK TOV	L	D. IN	YES THE	IIS?
Z	Bultin	or Me	0 2/2	75	E. STREET AND	NUMBER	boook	Park	B
5. SEX	FEMAL (SEX)	XXXXXXX	WIDOWED	EVER MARRIED DIVORCED	XXXXXXX	XXXXX	9. AGE (In years lost bigthday)	If Under 1 Months D	Yr. If Under 24 His.
done du	SUAL OCCUPATION (pring most of working life XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	, even if relired)	AT HOME	NESS OR INDUSTR	Y 11. BIRTHPLACE	110:	gn country! AUSTRIA		OF WHAT COUNTRY?
13. FA1	HER'S NAME				14. MOTHER'S				V // .
	JACOB ROSI				MOLLI	E T	?		
15. Was (Yes, no	or unknown! (If yes, g	. S. Armed Forces	of service) 16. S	OCIAL ECURITY NO. 9 708891	17. INFORMANT	MI 22 21	ARAH ROSENI 6994 MILE	PLATI	DR. APT.1 (
18.	133,3	I ONDITION DIREC	TLY	CAUSE OF DEA	/			1 /	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
he	LEADING nis does not mean ort failure, asthenio,	the made at deets, it means the	ying, e.g., e disease,	(A) IMMEDIATE CA	USE RESPI	of:	frilm		4 days
""	ury ar complication ANTECED	ENT CAUSES	om.j	01	1 /z	0-	1	p-/	20
DI	DISEASES OR CONDITIONS, il any, giving (B) OF OM - Som of HESSLIFE Classification of the second of								n 7
nise	lo the abave	cause (A) si	aling the	(c)					
		11		(-/					
A DIS	THE DEATH BUT NO EASE OR CONDITION	TRELATED TO THE	TERMINAL		*******************************	***************************************			}*************************************
	DAJE OF OPERATION	WAS PERFOR	MED Far	,	20A. AUTOPS	6.	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED TH?
S DE	ACCIDENT WAS U CONTRIBUTING C ATH (notify medical e	AUSE OF	home, lom	E OF INJURY (e.g., n, fociory, street, o	in or obout 21 C. WI office bldg., INJURY	TERE DID OCCUR?	(If In Boltimo	ore City, give ex	rect locotion)
₩ OF	INJURY	(Doy) (Year) (RY OCCURRED		DID INJU	RY OCCUR?		
(AP	PROX.)		While At Work	AI WORK				. / \	
	1 certify that (1) (7	6-7	19	10_0	-//	19
	t (I) (we) last saw				19	and tha	t in (my) (aur) ap	Inian death o	securred on the date
23A	SIGNATURE	causes stated	above. (1) (We)	(did) (did not)	view the bady af	ter death.			
	5.6	In de	ant	Diag	ending Me	ector S	hys.	23 B. DATE S	> /
23C	PHYSICIAN'S NAME (Type)	BENC	HASI	DEGREE	23D. ADDRESS	ector L.J. P	nys. —	0.7/	
24A. BU	RIAL CREMATION, MOVAL (Specify)	24B, DATE	24C. NAME O	CEMETERY of CR	EMATORY	24D. LO	CATION (C	ity, town, or co	ountyl (Stote)
	BURIAL	6-18-71	OHEL	YAKOV		BA	LTIMORE, M	ARYLAND	
25A, DA	N 21 1971	12 A E 25	Salben, R		SOL LEV	DIRECTOR			ADDRESS RSTOWN ROAD
VS 150-	REV. 1/1/68				11 01 15				

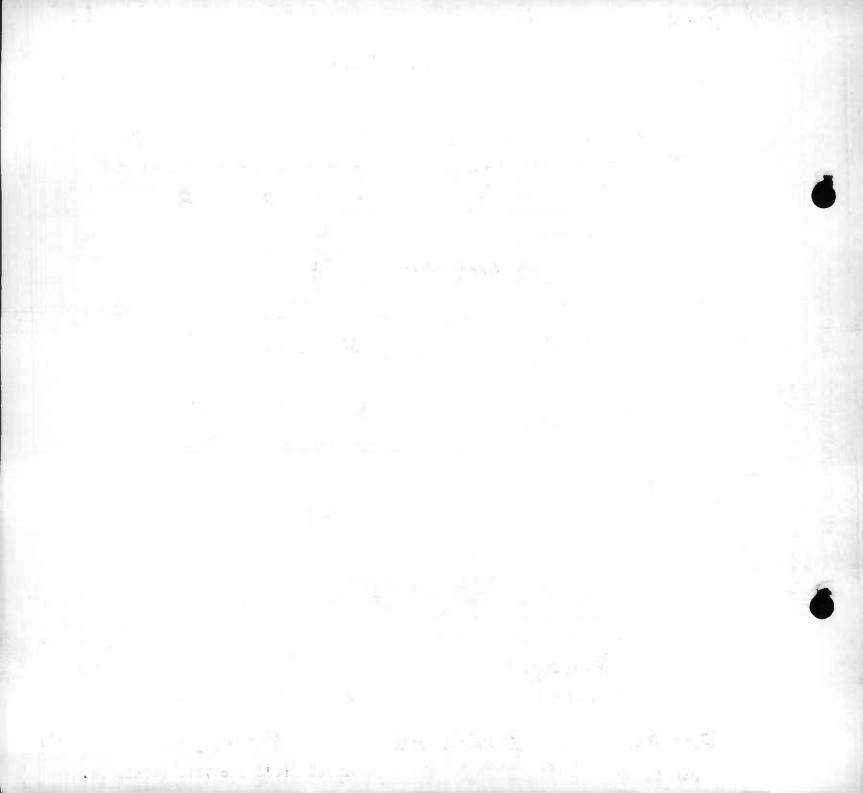
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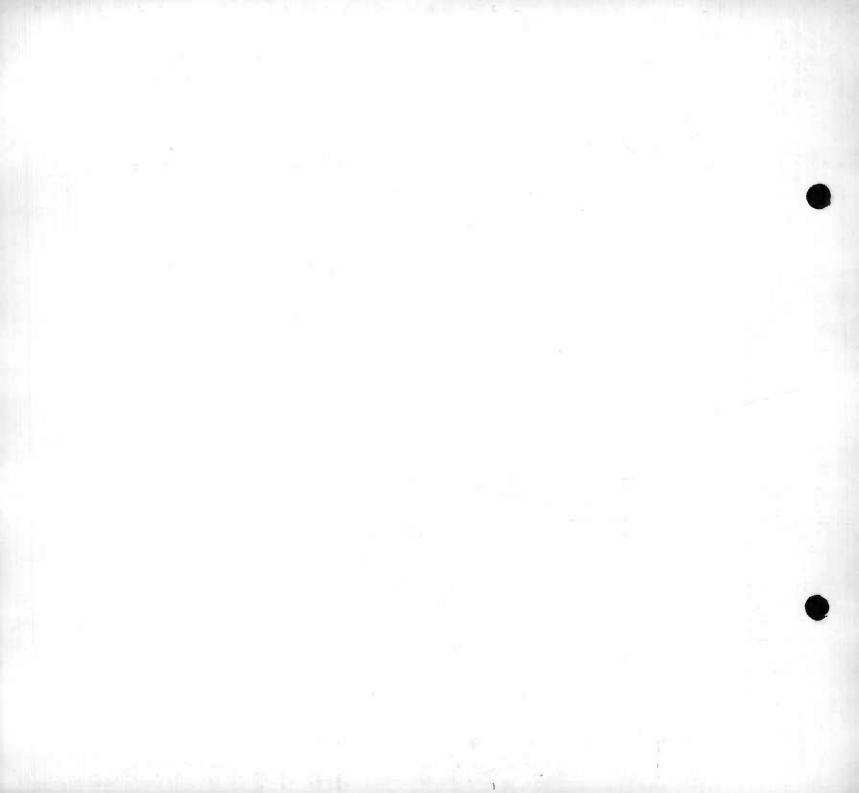


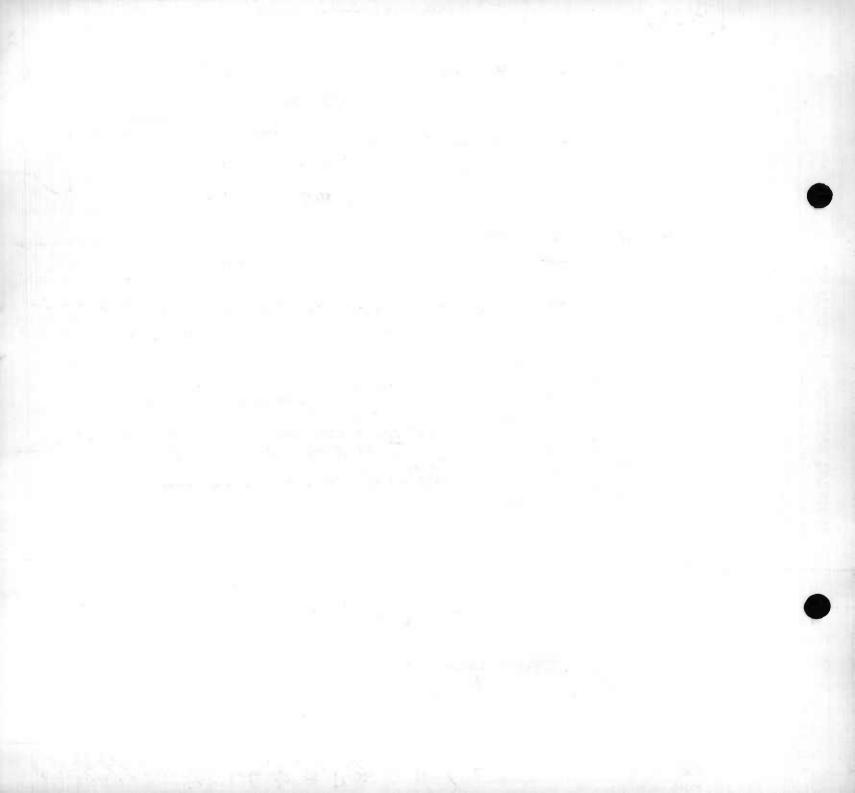
1	D = 462 BALTIMORE CITY HEALTH DEPARTMENT
-	D-463 71 5847 CERTIFICATE OF DEATH REG. NO. 71 5847
	NAME OF DECEASED YPE OF Print) CHARLES L. RUDD DILL ARD 2. DATE AND HOUR OF DEATH 6. 17. 71 4. 20 A
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, 11 institutions residence before admission
l,	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STORES
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	CHURCH HOME & HOSPITAL CITY. YES NO
-	BAL TIMES STATE TO SPITAL E. STREET AND NUMBER
5.	BALTIMORE MD. 2/231. 240 S. EDEM STREET. SEX 6-RACE 7- MARRIED NEVER MARRIED 8- DATE OF BIRTH 9- AGE (In yeors 15 Under 24 H)
1	MALF WIDOWED DIVORCED OF 26 COST DISTRIBUTED OF ASSET MINE
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI
	DRY WALL HANGER VA. U. SA.
	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	JOHN F. RUDD. DILLARD BYRDIE BROOKS.
15. (Y	Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service) SECURITY NO. 16. SOCIAL SECURITY NO.
	NOT KNOWN - 226 20 0219 S. SINGH CHURCH HOME EHOSPIT
	18. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WHATEDIATE CAUSE ACULT OF CHE liver Jacks.
	(This does not mean the made of dying a a
	heori failure, asihenia, etc. Il means the disease, injury ar complication which caused death.)
	ANTECEDENT CAUSES (B) CHRONIC LIVER DISEASE.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	ise to the above cause (A) stoling the UNDERLYING CONDITION last. (C) CHRONIC LUNG DISCASE,
-	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION 20.A. AUTOPSY? (Yes of No.) 20.B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	If in politimore City, give exoct location
CAL	DEATH (notify medical examiner) etc.)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hourd 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work
	22. I certify that (1) (this hospital) attended the deceased from 6. 14. 1971 to 6. 17. 1971
	that (1) (we) lost saw the deceased alive on 6,17, and that in (my) (our) apinion death occurred an the da
	and haur and fram-the causes stated abave. (1) (We) (did not) view the bady after deoth.
	23A- SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff 6. 17. 71.
	23C. PHYSICIAN'S NAME (Type) File L. 23D. ADDRESS CHarlest Home Hospital.
24	DECREE
	REMOVAL (Specify)
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISERAR 25C. FUNERAL DIRECTOR ADDRESS
	A. DATE REC'D BY HEALTH DEPT. 25R. NAM OF REGISERAR 25C. FUNERAL DIRECTOR ADDRESS Dippel Bro & Inc 7110 Belair Rd.
<u>=</u>	150-REV- 1/1/6B



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hosp use (5) I ance dea
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by a the thysic of the
y the ital h here No p befo
atur atur (6)
he he he way
of a
dent dent ospi dea muss
releases
Vas Vas A. a Pri ppre
Sody 7s: (1 D.O. assed
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
1

BIRTH		× -	TE OF DEATH REG. NO	71 5848
Type o	AE OF DECEASED	MARY	2. DATE AND HOUR OF DEAT	71
3. PLA	CE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL HOSPI	NAME OF (IF NOT IN HOSPIT TAL OR ADDRESS OR LOC. UTION	AL OR INSTITUTION, GIVE STREET	MD Balto.	ISIDE CITY LIMITS?
S	HURCH Home	tho >PITAL	E. STREET AND NUMBER 200 St. Helena	YES NO
5. SEX	6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 03/09/07 9. AGE (in years liest birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done du	SUAL OCCUPATION (Give kind of work tring most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	GEORGE LE	MONIS	14. MOTHER'S MAIDEN NAME RENE MAT-	5 6
(Yes,no	Deceased Ever in U. S. Armed For or unknown) (If yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT LOUIS NICK 2008f. HUSBAND.	HELENA NOR
NOTO NO	DISEASE OR CONDITION DIFFERENCE OR CONDITION DIFFERENCE OR CONDITIONS, if a la like above cause (A) NDERLYING CONDITIONS (A) HER SIGNIFICANI CONDITIONS COINTING CONDITION GIVEN LIP PAREASE OR CONDITION GIVEN LIP PAREASE CONDITION GIVEN LIP PAREASE CONDITION GIVEN LIP PAREASE CONDITION GIVEN LIP PAREASE C	dying, e.g., the disease, death.) any, giving sloling the (C)	etast the ca of lung to SE A CONSEQUENCE OF: Burn Produced by RADIA A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOR DE	WAS PERF LACCIDENT WAS UNDERLYING CONTRIBUTINO CAUSE OF ATH (notify medical examine)	ORMED	o or obout 21C. WHERE DID (II in Boltim	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exect location)
21D	PROX.)	IHoud 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
tho	I certify that (I) (this hospital t (I) (we) last saw the decease	d alive on 6/17/7/	and that in(my) (our) or	19
ond 23A	have and from the causes state.	ed above. (i) (We) (did) (did nat) vi	ew the body after death.	
	non	Atter Phys	nding Med. Staff N	238, DATE SIGNED
	NAME ITYPE ROZVI) PEGREE 12	3D. ADDRESS Clouder Home +	the Par.
Z	PRIAL CREMATION, 24B, DATE MOVAL (Specify) Burial 6-19- ATE REC'D BY HEALTH DEPT.	24C. NAME of CEMETERY OF CRE 71 Greek Orthod	ex Centery Bait imon	
JU		258 NAME OF REGISTRAR	17, cholds T. Mattle 1800 1 Fastern A	rows ADDRESS ve. Bait, more, Md

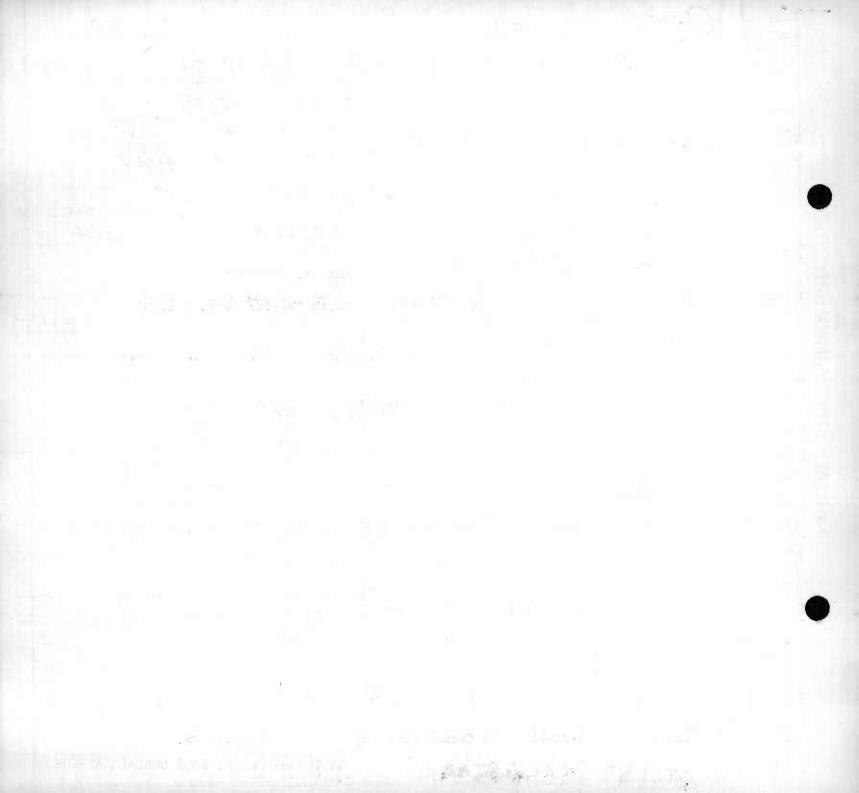




	111-64// 1 /1 5050	TE OF DEATH REG. NO. 7	1 5850					
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
1	CHOOLESE WARSH	6/17/71	1 4:30 P.M.					
1 3	L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II in: A. STATE B. COUNTY	stitution: residence before admission)					
III H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSI	DE CITY LIMITS?					
ľ	MARYLAND GENERAL	BALTIMURE.	YES NO					
1	HUSPITAL.	E. STREET AND NUMBER						
=	SEX I6. RACE I7		AK. AVE.					
	MAKRIED WINDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (In years last bigthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.					
do	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during mast al working life, even il retired)	II. BIRTHPLACE (State or (oreign country)	12. CITIZEN OF WHAT COUNTRY?					
	RETIRED - RAPHOD	MARYLAND	450					
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 3 4					
15	Charles W. Marsh	CARRIE E. Aust	N					
(Yo	. Was Doceased Ever In U. S. Armed Farces? os,na ar upknown) (II yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
	Nd 035-10-5393	MREMARSH SAM	6					
	18. / / GAUSE OF DEATH	1	APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	BETWEEN ONSET AND DEATH					
	(A) IMMEDIATE CAU		nlac					
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.]	A CONSEQUENCE OF:	1					
	ANTECEDENT CAUSES	nis. Oles de die !						
		A CONSEQUENCE OF:	ing allease					
	ise to the obove couse (A) storing the UNDERLYING CONDITION lost.							
	(C)							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OFFICE OF CONTRIBUTION CONTRIBUTIONS OTHER SIGNIFICANT CONTR	aris						
ERTIFIC/	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION USE CONDITION FOR WHICH OPERATION WAS PERFORMED		NDINGS CONSIDERED SES OF DEATH?					
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID III to Polymon	City, give exact location)					
ICAL	DEATH (notify medical examiner) etc.)	ice bldg. (NJURY OCCUR?	wity, give exact location;					
MEDI		21F. HOW DID INJURY OCCUR?						
<	(APPROX.) White At Not White At Work							
	22. I certify that (i) (this hospital) attended the deceased fram	-)	1021					
	that (i) (we) last saw the deceased alive an ()		an death accurred an the date					
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
-	23A. SIGNATURE		23 B. DATE SIGNED					
	Deckar Dasso M. Degree Phys.	ding Med. Staff Phys.	6112121					
	23C. PHYSICIAN'S NAME (Type) 23	3D. ADDRESS						
	INICHASE A. GRASSOMN	200 140 July 52	LIV. Our Of					
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMPTERY OF CREAT	MATORY 24D. LOCATION (City,	town, or county) (Stote)					
	Bemoval (specify)	1.1/1/1/10	ATA A MAI					
254	A, DATE REC'D BY HEALTH DEPT. 258. SAM OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS TO					
Ve	150-REV. 1/1/68	XVENNOSK FONEVAL (NAgel	- HOLFE AVa					

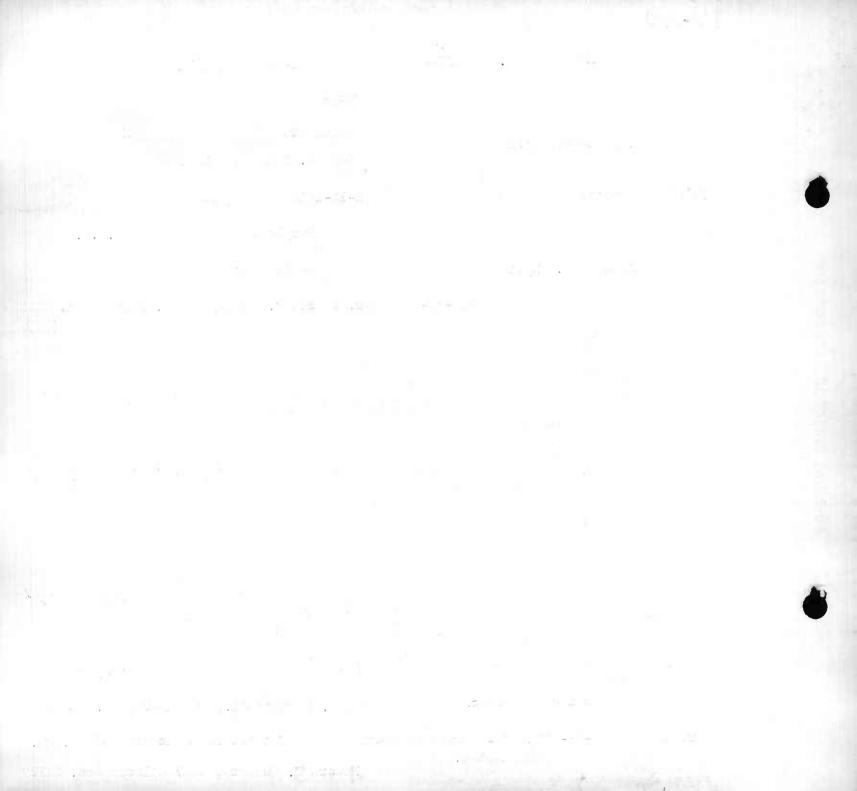


0-251	BALTIMORE CITY	HEALTH DEPARTMENT		
віктн NO. 5851	CERTIFICA	TE OF DEATH	REG. NO.	1 5851
Type or Print)	NIRRALILAE	2. DATE	ND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	O'CONNOR	4. USUAL RESIDENCE (WI	-18-71	1 9:45 AN
		A. SIATE B. COU	NTY	stilution: residence before admission
FULL NAME OF HOSPITAL OR HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	NTUTION, GIVE STREET	CCITY OR TOWN	e/TY	2636
	- se than	O 2 -	ORE D. INSI	YES NO
North Charles Gent	TEAL DOSP.	E. STREET AND NUMBER		152 140
77		1309 GA	EGOR U	YXY
5. SEX 6. RACE 7. MARRIE		8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND		6-11-05	105	
done during most of working lite, even if relifed)	OF BOSINESS OF IMPOSIKE	II. BIKIMPLACE (Stote of to	eign country)	12. CITIZEN OF WHAT COUNTRY
RETIRED		MARYLA	TVD	USA
~7	./0/	14. MOTHER'S MAIDEN NA	ME	
/ homas O'CoN/		Anna M. Fres	hman	
(1es, no or unknown) (It yes, give wor of dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18. / / / /	2/3/0/098		s Hosp. reco	rds
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	n.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Pulmonas	in Insullian	in
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas	7		1 //	
injury ar complication which caused death.)	D.	0		
ANTECEDENT CAUSES	(B) I wight	onkry mel	us com a	
DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating the	g DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	**********************	***************************************	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).) L			
19A-DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
OP CONTRIBUTING TI CALLER OF	B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	c.)			
S OF INJURY	E INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.)	/hile At Not While At Work			
22. I certify that (1) (this hospital) attended		5-3	19 7/ 10 6	2-18 1971
that (I) (we) last saw the deceased alive on	6-18	197/and tl	nat In (my) (our) apini	on death occurred on the date
and hour and from the causes stated above.	(I) (We) (dld) (dld not) vi	ew the body after death.		
23A. SIGNATURE	1412			23B DATE SIGNED
and the same	DEGREE	ding Med. Director	Staff Phys.	6-18-71
23C. PHYSICIAN'S NAME (Type)		A.D. MOTH	2/	11 . 1
EMMANUEL M	DEGREE	100cm C	Charles Gen	· Hoshitz
REMOVAL (Specify)	NAME of CEMETERY OF CREA			, town, or county) (Stote)
	it Carmel Cemete	ery Th	urmont Md.	
	OF REGISTRAR	WALTER BARR	OWSKI 1005 D	UNDALK AVENUE
JUN 21 1971 Robert E. Jack	ed west	1 4 5 5 6	3	



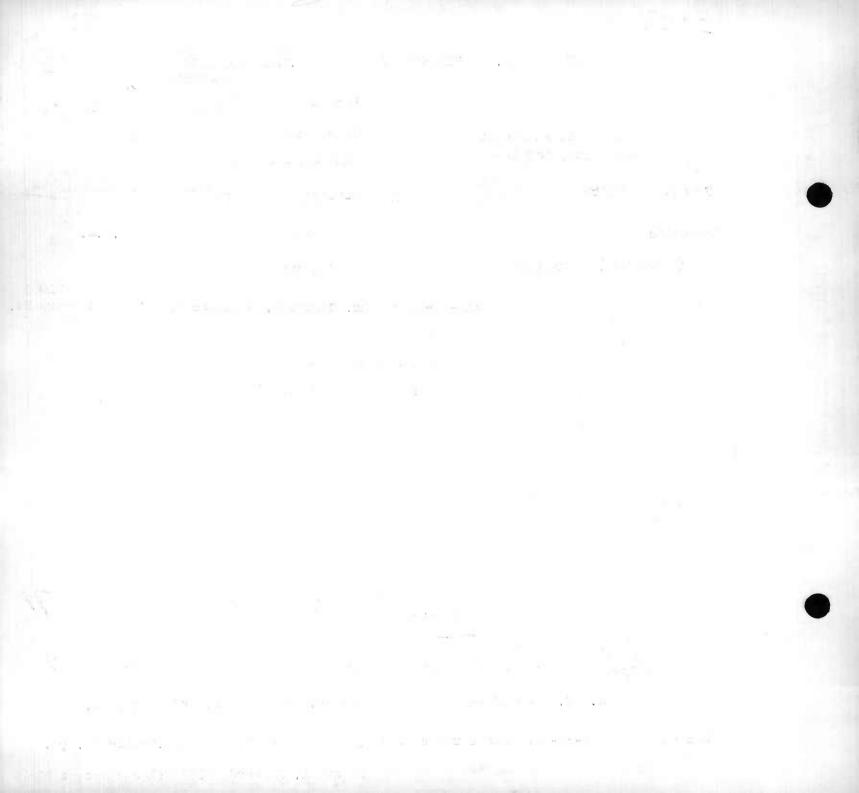
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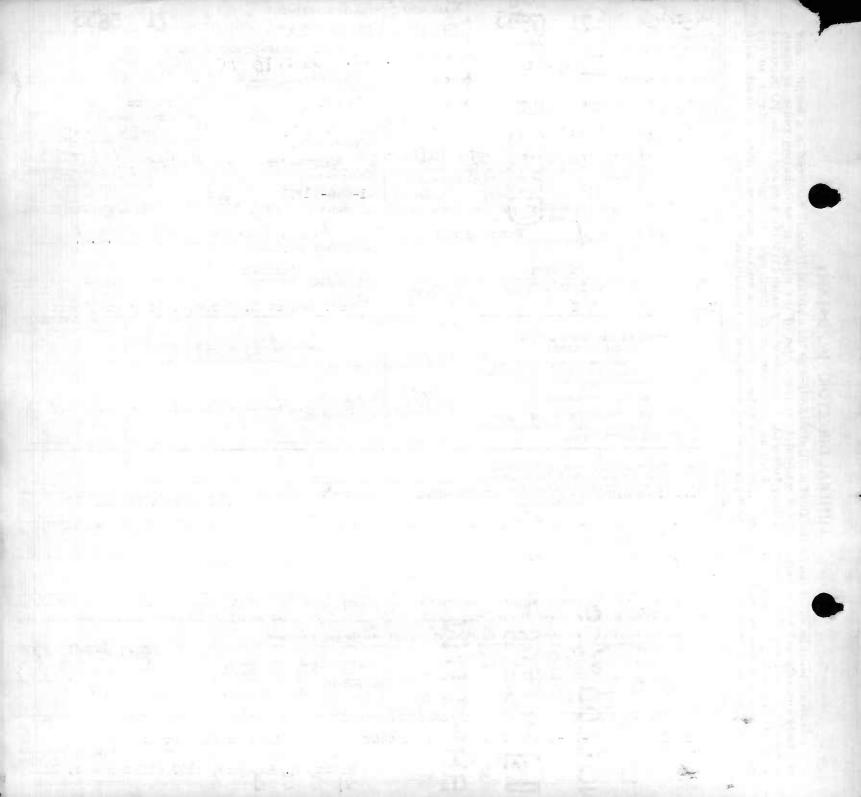
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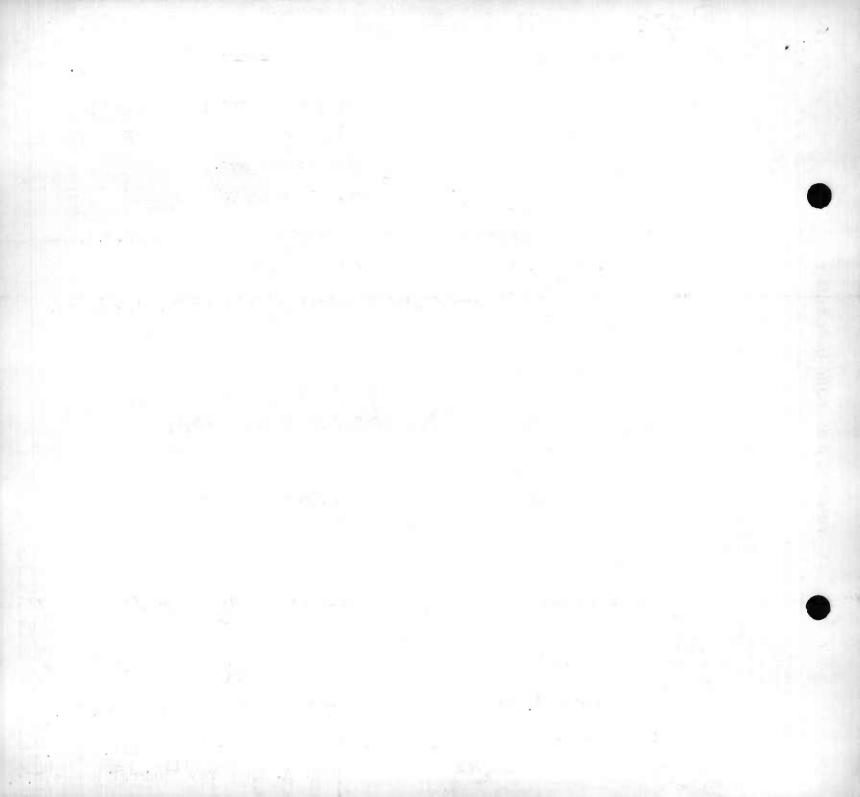
.Stansbury 6411 Windson Mill Rd

P-	500	71	5853		HEALTH DEPARTMENT	X REG. NO.	71 5855	
	NO. ME OF DECEAS or Print)	D6.45	. (3	reorle H.,	DATE AL	NO HOUR OF DEATH	5 BM	
3. PL	ACE IN BALTIM	ORE MARTLAND, V	VHERE PRONO	0	4. USUAL RESIDENCE (Who	ere deceased lived. If in	istitution: residence before adm	M.
HOSP	NAME OF	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	Maryland	NTY Balt:	imore 530	0
INSII	South	Balti	niora	General Hoy	12000000	ighlands ^{0. INSI}	YES NO .	
/_	3001.			st. Bultinor	E. STREET AND NUMBER	1 Baba	Bird ot.	
5. SEX	M 6. R	W.	7- MARRIED [WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1- 6- 1892.	9. AGE (In years last birthday)	Months Days Hours	24 Hrs. Min.
		NON (Give kind of woring life, even if refired)		Roads	11. BIRTHPLACE (Stote or fore	rion country)	12. CITIZEN OF WHAT CO	UNTRY?
13. FA	THER'S NAME	2			14 MOTHER'S MAIDEN NA	ME	U.S.A.	
		. Unknow	wn		Unknow	wn		
15. We	o of unknown) (If	r in U. S. Armed For	rees?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2	21227
Yes		WWI		219-30-1690	Amrs. Sandra	L. Karns, 7	_	,
AEDICAL CERTICATION	DISEASE OF LEASE OF CONTRIBUTION OF CONTRIBUTI	R CONDITION DI DING TO DEATH mean the mode of enia, etc., it means atian which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) DINDITION last. IT CONDITIONS CO IT NOT RELATED TO T ITION GIVEN IN PAR ERATION 179E CON WAS PER (AS UNDERLYING DI CAUSE OF icod examined	dying, e.g., the discose, death.) any, giving stating the NTRIBUTING HE TERMINAL IT I (A). DITTON FOR W FORMED 218. hommetc.)	(8) DUE TO, OR AS (C)	SE Cardy A CONSEQUENCE OF: 1 CONSEQUENCE OF: 20A. AUTOPSY? (Ves) or No. 1 or obout 21 C. WHERE DID 1 injury Occur?	IN CERTIFYING CAL	APPROXIMATE INTERETWEEN ONSET AND	
234 234	at (I) (we) lost	sow the decease m the causes stat Jung J UNG ION, 1248, DATE	d olive on	deceased from June, 15, 11:3 (Ma) (did not) vi Ling DEGREE Physics	5 9 2 ond the lew the body after death. Inding Med. Director Med. 30. ADDRESS SOUTH BALTA	steff (My) (Gy) be for Phys. (X) Hanoue	v St.	97/ 101e)
	rial	6-18-19	A PERSON NAMED IN PROPERTY.	n Haven Cemet	ery Gle	nBurnie, Mar	yland	
J	UN 21 K	The Roberts	258 MANN O	A PRIVATE AND A	Howard H. Hu		ADDRESS Wilkens Ave. 21	L229
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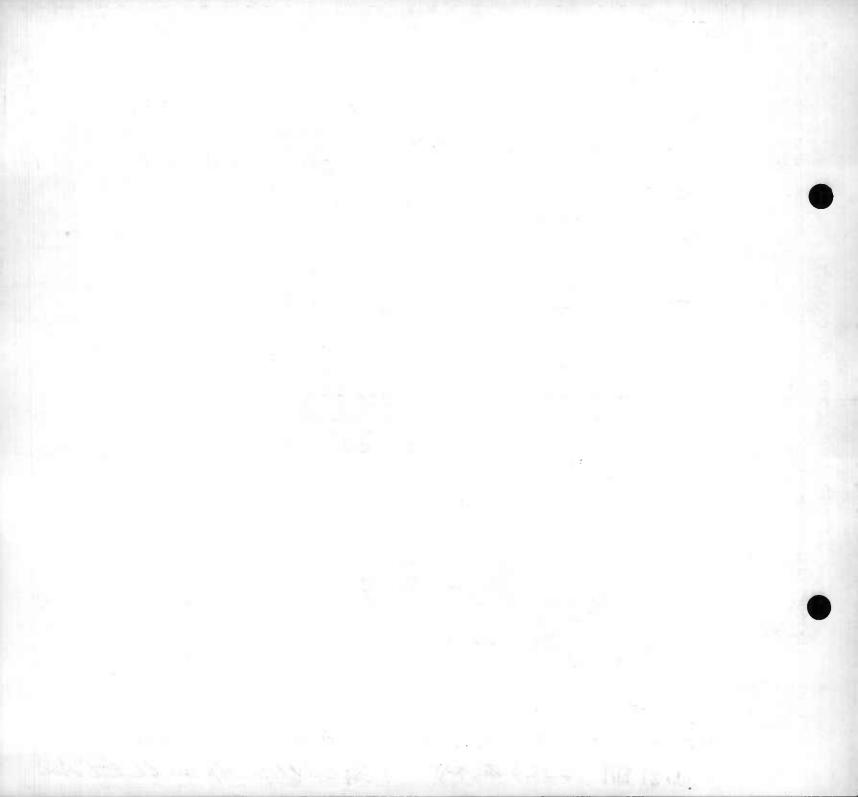
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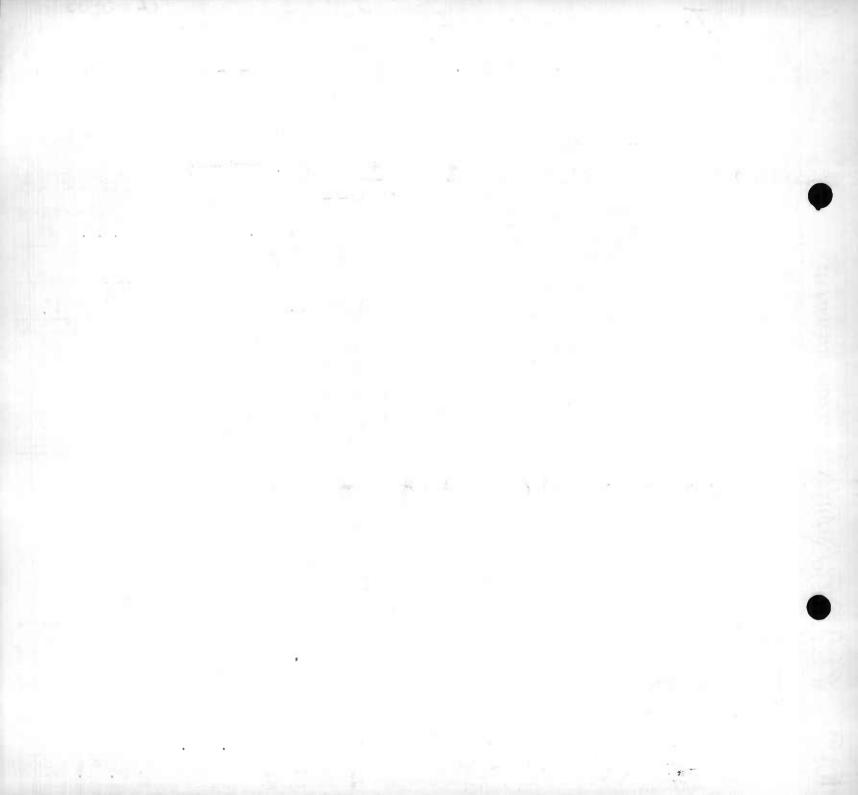
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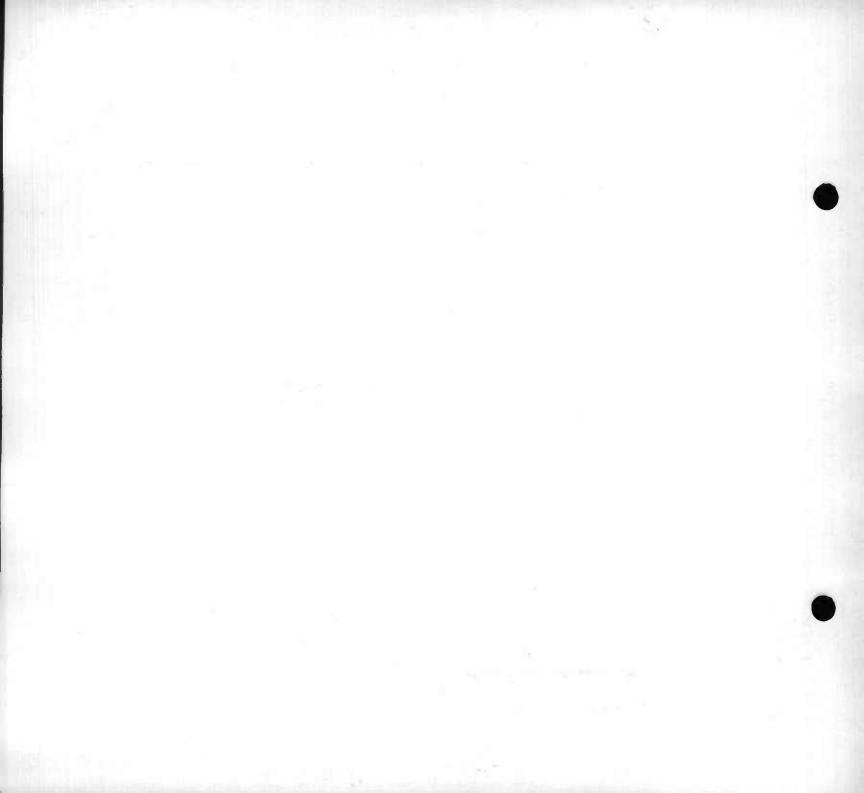
DIRECTOR:



FUNERAL DIRECTOR:

7			BALTIMORE CI	TY HEALTH DEPARTMENT		NT 2828			
BIRTH NO.	71	5859	CERTIFIC	ATE OF DEATH	REG. NO.				
1. NAME OF	DECEASED			2. DATE	AND HOUR OF DEA	тн			
	Tappy	, Charl	es S.		6-18-71	6:55	Λ.		
3. PLACE IN	BALTIMORE, MARYLAN	ID, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (W	here doceased lived. I	l institution: residence befare admi	ission		
FULL NAME	OF OF NOT IN H	OSPITAL OR IN	STITUTION, GIVE STREET	Md		1103	2		
HOSPITAL OR	ADDRESS OR	LOCATION)		C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?			
27	Manage II.	-		Baltimore		YES NO			
	Mercy Hospit	aT		E. STREET AND NUMBER	CALUTAI				
- SEX	6. RACE	7		2715 N	harles St				
M	W	7- MARRI WIDOW			9. AGE (In years lost birthday)	Manths Days Haurs A	4 Hrs Win₄		
A. USUAL O	CCUPATION (Give kind o	work 108, KIND	OF BUSINESS OF INDUST	3-7-05 LY 11. BIRTHPLACE (Stote or to	66				
one during most	of Motring life, even it tel		ertising.	C 1		12. CITIZEN OF WHAT COL	JNTR		
LEATHER'S		71000	sacsiday.	0 1 11	a.	U.S.A.			
Thomas				14. MOTHER'S MAIDENN	AME				
Was Dani	sed Ever in U. S. Arme	15- ^	18.2						
os, na or unkno	awn) (If yos, give war or	d forces! I dates of sorvice	SECURITY NO.	17. INFORMANT		211 ADDRESS			
No				William F. M	intzell 98.	22 Southhall Rd.			
18. 4	0.91		CAUSE OF DEA	TH		APPROXIMATE INTER	YAL		
DISI	EASE OR CONDITION			n /n -	1	BETWEEN ONSET AND	DEATH		
	LEADING TO DE		(A) IMMEDIATE CA	USE 1)01)/1+/4	se Dolal Attude M. I.				
heort loitu	s not mean the mode	e of dying, e.		A CONSEQUENCE OF:		***************************************			
injury or c	heort loiture, osthenio, etc. It means the disease, injury or complication which coused death.)								
	ANTECEDENT CAL	USES	D-21/6	1.(.H.)		1			
DISEASES	OR CONDITIONS,	il onv. nivi	(B) DUE TO, O'R A	S A CONSEQUENCE OF:	****************		A-40 (0 (0 c)		
nse lo	the obove couse	(A) sloting 1	he oft	-t · 1/	10'0				
UNDERLTI	NG CONDITION lost		(c) (C)	Who how on	220/ 2				
OTHER CLC	11			V					
I I O I HE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED	TO THE TERMINA	G L						
I I DISEASE OF	OF OPERATION 198	I PART T (A)		1204 - 1120 - 124 - 17		***************************************			
19A. DATE	WAS	PERFORMED	K WHICH OFERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED			
21 A. ACCIE	DENT WAS UNDERLYIN	NG 12	18 PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID office bidg., INJURY OCCUR?					
DEATH (not	are City, give exoct location)								
	(Month) (Doy) (Y		le.)						
OF INJURY	tivionini (Doy) (1		L INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
(APPROX)			Vhile At White At Work At Work	" □					
22. 1 certi	fy that (I) (this hosp	ital) ottended	the deceased from	-17-71	19 40 /05	1P-17/ 10			
4	shot (1) (wa) loss and 1								
	and haur and fram the causes stoted obave. (1) (We) (did) (did not) view the body ofter deoth.								
23A. SIGNA	TURE	Stored obave.	(i) (me) (did) (did not)	view the body ofter deoth.					
Stan	().	0 11/	An	ending Med.	Shell ITT	23 B, DATE SIGNED			
23C. PHYSIC	WC /NA	VILL	DEGREE Phy	s. Director	Stoff Phys.				
NAME	7904 7 1	1/11/	NI CIT	23D. ADDRESS					
ICH	HWK1.	JV · IVI	4LEN DEGREE						
A. EURIAL C.	REMATION, 248. DATE	24C.	NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	City, town, ar county) (Stat	te)		
Burial	2//	71 (e	dar Hill Cem	etery (Balto. Md.				
	D BY HEALTH DEST.		OF PENSTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
JUN 21	19/1 Valen	E C Vance	1 1 1	Mc Coulles Far		0 .	230		
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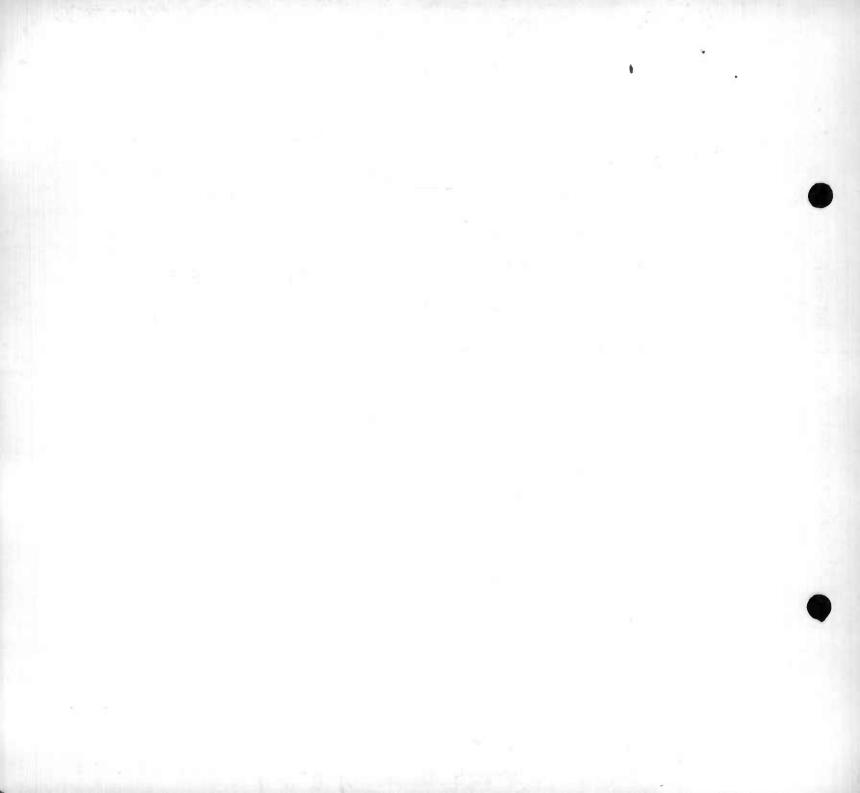
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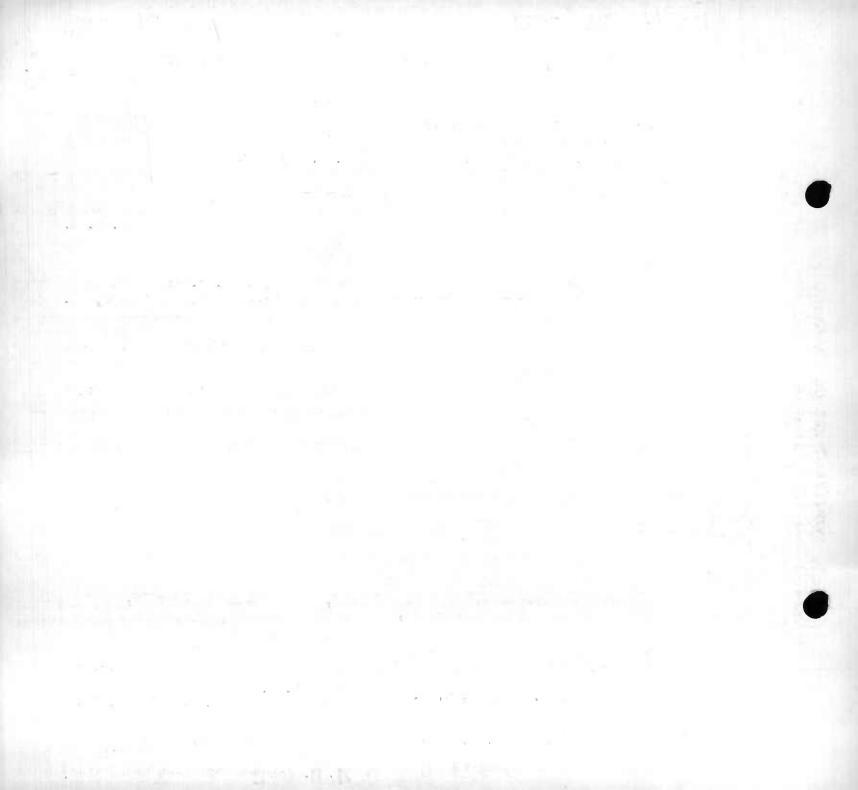
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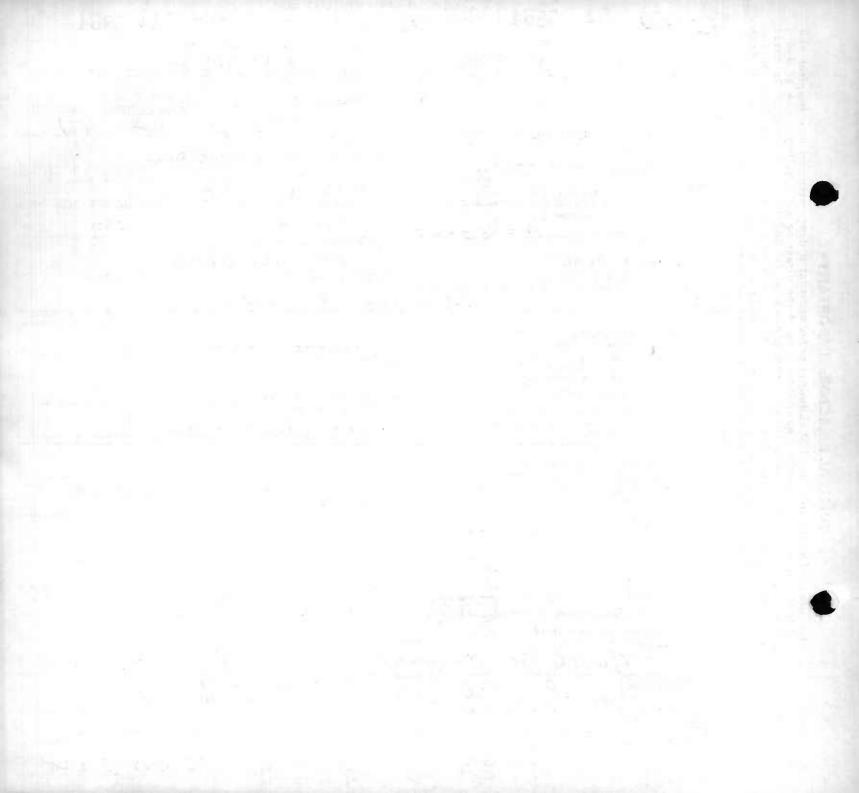
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approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows; (i) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medi	the body was released to the hospital by a medica	shows: (1) An accident of any nature; (2) Body burn	was D.O.A. at a hospital (except where the physic	deceased prior to death); and (6) No physician wa	written approval must be obtained before the rema	

6) (36) 74 500	BALTIMORE CITY	HEALTH DEPARTMENT		
BID	5-630 71 5864	CERTIFICA	TE OF DEATH X REG. NO.	71 5864	
1.1	AME OF DECEASED		2. DATE AND HOUR OF DEAT	н	
(Ty	e of Print) WILSON M.	BRADY	6-17-19719 30		
3.	PLACE IN BALTIMORE MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived, It		
CII	II NAME OF THE NOT IN HOUSELD OF	NETTUTON CIVE CTOTES		1211	
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN ID. IN	ISIDE CITY LIMITS?	
		1000	ELLICOTT, CITY	YES Y	
1	UNION WEMORIAL H	TATIACO	E. STREET AND NUMBER		
1	14		3092 N ROGERS P	WE.	
5. 5	EX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9, AGE (In years	If Under 1 Ye If Under 24 Hrs.	
	11	OWED DIVORCED	5'-13-91 lost birthdoy	Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 108, KI	NO OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
don	during most of working life, even if refired)	170-41-1	PENNA	USA	
13.	RETIRED M	ERCHANT	14 MOTHER'S MAIDEN NAME	0 2.7	
			1110		
	JOHN L. BRADY		0.0.		
Ye:	Was Deceased Ever in U. S. Armed Forces? , no openknown! (If yes, give war or dotes of se	vice) 6. SOCIAL	17. INFORMANT	ADDRESS	
	NO	220-14-505	3 PT/WIFE		
_	18. / 5 / 9 1	CAUSE OF DEAT		APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(ANIMMEDIATE CAU	SE HEPATIC FAILURE		
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	this does not mean the mode of dying, e.g., "Due to or a Consequence of:			
	injury or complication which caused death.				
	ANTECEDENT CAUSES 14 SORTAC METASTACES				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, If eny, giving DISEASES OR CONDITIONS, If eny, giving DISEASES OR CONDITIONS, If eny, giving				
	rise to the above cause (A) stating	the	ENOMA do the STOMACI		
	UNDERLYING CONDITION lost.	(c) <u>C(11166</u>	200 M No 410 310 M	3)	
z	OTHER CICALITICAL TO A DETAIL COATES	TIME			
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM	INAL			
5	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes of No.) 208, IF YES, WER	E FINDINGS CONSIDERED	
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION WAS PERFORME		NO IN CERTIFYING	AUSES OF DEATH?	
CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If in Boltin	nore City, give exact location)	
A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, farm, factory, street, of	Hice bidg. INJURY OCCUR?		
20					
MED	21 D-TIME (Month) [Day) (Year) [House OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?		
	(APPROXI	Work At Work			
	22. I certify that (I) (this hospital) atter	ided the deceased from	5/29 19 7/ to	6/17 197/	
	that(i) (we) lost saw the deceased ally	e on 6/17	19 7 / and that int(my) (our) o	pinion death occurred on the dote	
	and hour and from the couses stated abo				
	23A. SIGNATURE	7 (014) (114) (114 1151)	The the body when dealing	23B, DATE SIGNED	
	- Trungeli T	Pur- Poracel Atto	anding Med. Staff Director Phys.		
	The color			41.	
	22C BHYSICIANS	Chi Chiaref Phy	s. Director Phys. 4	6/17/71	
	NAME (Type)	V	230. ADDRESS 33 RD & CALVERT	STS	
	NAME (Type) TZEN-EHI FA	N-CHIANG DEGREE	BALTIMORE/ND 2	STS -1218	
24/	NAME (Type) TZEN - CHI FA	N-OHIANG	BALTIMORE/ND 2	STS	
24/	NAME (Type) TZEN-EHI FA	N-CHIANG DEGREE	BALTIMORE/ND 2	STS -1218	
24/	NAME (Type) TZEN-CHI TA BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL CREMATION, 24B. DATE REC'D' BY HEALTH DEPT. 25B. M	N-CHIANG DEGREE	EMATORY 240. LOCATION 25. FUNERAL DIRECTOR	STS -1218	
24/	NAME (Type) TZEN - CHI FA BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL (Specify)	IN-CHIANG DEGREE ZAC. NAME OF CEMETERY OF CRI ST. TOHNS	EMATORY 240. LOCATION LILL OTT	STS -1218	



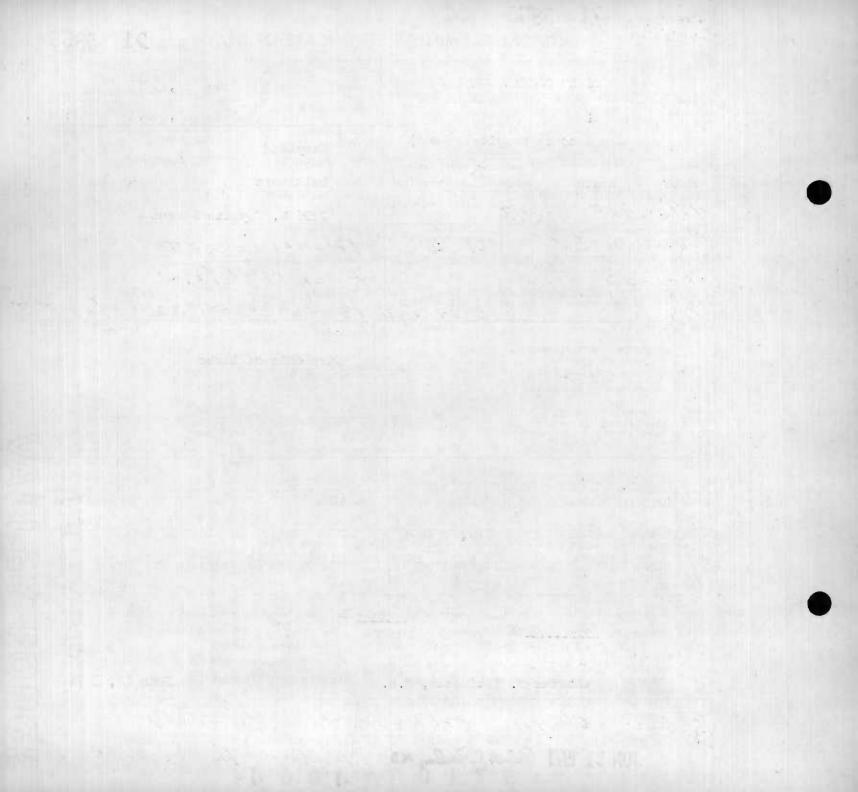
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV, 1/1/6B

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

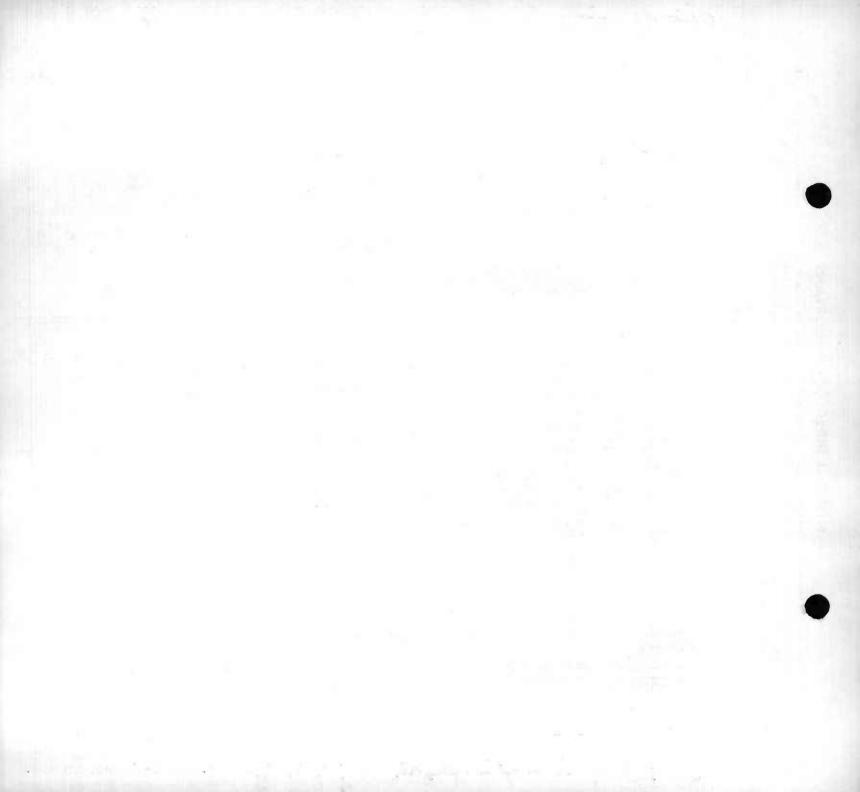
ADDRESS



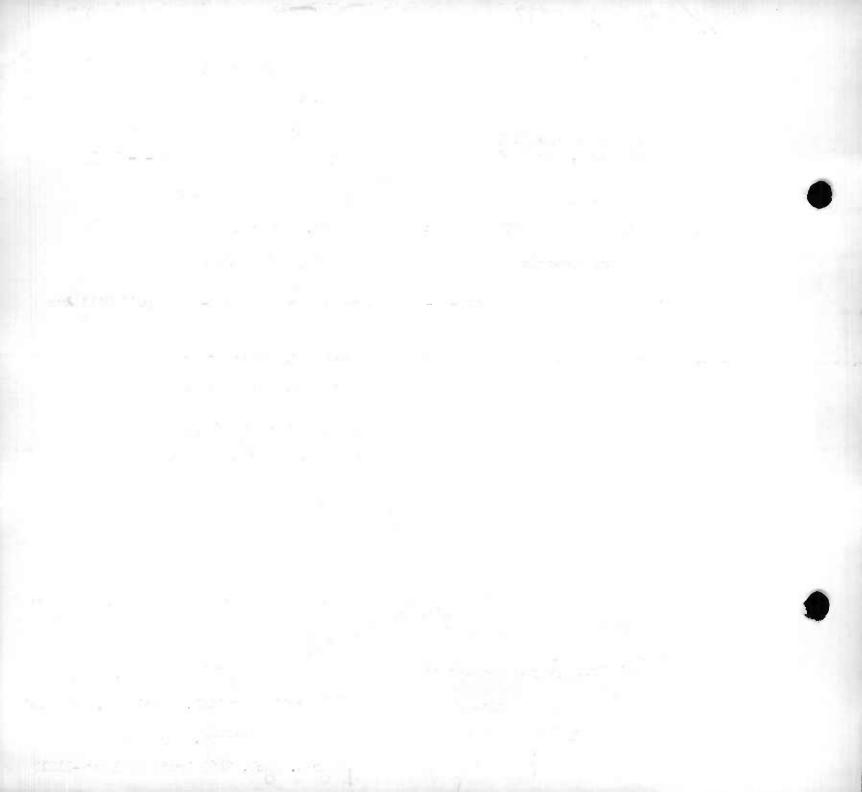
IMPORTANT

DIRECTOR:

FUNERAL



11	1/ 114	- 070m	BALTIMORE CITY	HEALTH DEPARTMENT		F14 30m
1	4-620 77	5867		TE OF DEATH		71 5867.
	TH NO.		CERTIFICA			
	pe or Print)	16.	2 10 1	2. DATE	AND HOUR OF DEATH	1
3.	PLACE IN BALTIMORE, MAI	TONO / SQ (ONOLINCED DEAD	14 USUAL RESIDENCE (V	0 15 7	nstitution: residence before admission)
			-स्थानकर्ष	MA. SIAIE B. CO	UNTY	nsiliulion; residence belota admission)
HC	SLINE OK ADDREZ	IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland		1303
III.	NOITUTION			C. CITY OR TOWN Baltimore		SIDE CITY LIMITS?
		ty Hospita		E. STREET AND NUMBER		YES NO
	Baltimor	e, Marylan	d		d Hill Avenue	e 21217
5. S	EX 6. RACE	7- MAR	RIED NEVER MARRIED 2	6. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	male. NE	PA WIDO	WED DIVORCED	5-9-24	lost birthdoyl	Months Doys Hours Min.
10A	USUAL OCCUPATION (Give	kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Attendant	Fi	lling Station	Tyro, Virg	inia	USA
13.	ATHER'S NAME			14. MOTHER'S MAIDEN N		
	Brad	y Harris			h Scales	
15. 1	Vae Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	no or unknown) (it yes, give t	Wor or dotes of serv	security No. 578-22-9058		Harris-2499	Druid Hill Ave
	18./50 V I		CAUSE OF DEATH	· ·	-	APPROXIMATE INTERVAL
	DISEASE OR COND	ITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO		(A) IMMEDIATE CAU	SE Squamos E	ell Otrom	ones
11 1	heart lailure, osthenia, etc. injury ar complication which	it means the dies	due to, or as	A CONSEQUENCE OF:	1	
			of the	Morceic &	rophasu	
	ANTECEDENT		(B)		0	
	DISEASES OR CONDITION THE TOTAL PROPERTY OF THE PROPERTY OF TH	use (A) stating	the Late	A CONSEQUENCE OF:	OIT- and	400
	UNDERLYING CONDITION	l last.	(c) (c)	mansn	grace	ua.
z	11		ave	(L)mui	Feer lin	euclus .
임	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL	ATED TO THE TERMI	NG NAL	· ·		
CERTIFICATION	9A. DATE OF OPERATION	19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY2 (Yes, or	Noll 208 15 VEC WERE	SINDINGS CONSIDERED
E		WAS PERFORMED		No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1 4	PIA ACCIDENT WAS UNDER CONTRIBUTING CAUS	RLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimor	e City, give exoct location)
MEDICAL	DEATH Inotify medical exami	ned	home, form, foctory, street, off	ice bidg., INJURY OCCUR?	1.0	
	DE TIME (Month) (Do)	yl (Yearl (Hour)	21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
\$	APPROX.)		While At Not While			
	Work L At Work L					
	About 11 (ma) to a second of the second of t					
2	and haur ond from the causes stated obove. (1) (We) (dld) (did not) view the body after death. 23A. SIGNATURE Attending Med. Staff C					
	Phys. Director Phys. Director Phys.					
	C. PHYSICIAN'S NAME (Type)	P 7/				M
24A-	BURIAL CREMATION, 248,	DATE 124	Mandle DEGREE	University	Hospital, Ba	
	REMOVAL (Specify)		C. NAME OF CEMETERY OF CREE			ly, town, or county! (State)
25 A	Burial 6/19/71 Mount Auburn Cemetery Baltimore, Maryland					
ZJA	DATE REC'D BY HEALTH D	258, NA/	AE OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
Veal	101 94 9571	0,00 36	2/ rely U 1 1	Augu To TA	on, 2405 Dru	id Hill Ave-21217



Mt.

258 NAME OF REGISTRAR

Rurial

VS 151-REV. 3/1/68

25A. DATE REC'D BY HEALTH DEPT.

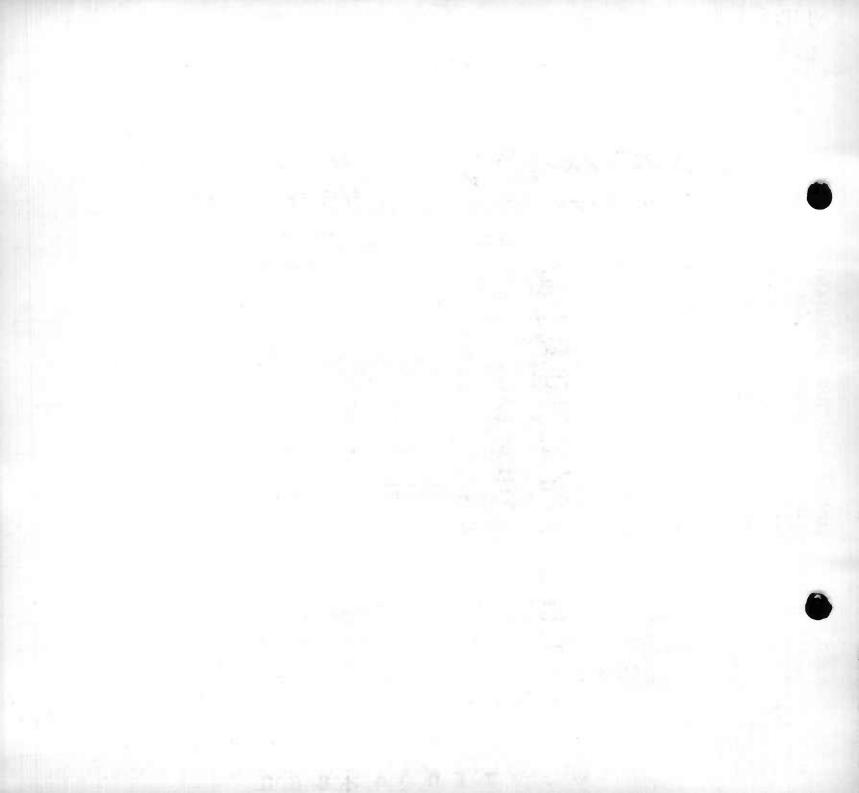
Auburn Cem

Baltimore,

· Pailev Kelson F.H. 1348 Calhoun Street

25C. FUNERAL DIRECTORV

BIRTH NO.	A B	TY HEALTH DEPARTMENT ATE OF DEATH REG. NO.	74 5869
I. NAME OF DECEASED	Ribecca m. Wilson	2. DATE AND HOUR OF DEA	
	RYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	
	IN HOSPITAL OR INSTITUTION, GIVE STREET	Ma.	INSIDE CITY LIMITS?
Sitther	in Hosp.	E. STREET AND NUMBER 2817 W. Lafayette	
S. SEX 6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	5/12/24 ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Housewife	erind of work 108, KIND OF BUSINESS OR INDUSTI en if relired) Home	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Samuel Wilso		Rebecca Brent	
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give	Armed Forces?	17. INFORMANT	ADDRESS
No		5 Rebecca Hughes 2817	
18. 9 4 0 4	CAUSE OF DEA	1	APPROXIMATE INTERVAL
DISEASE OR CONI	OITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING T	O DEATH	AUSE Metabolic acidorus A CONSEQUENCE OF: Utiple relevoir	- 7 dage
(This does not mean the heart failure, asthenia, etc	mode of dying, e.g., Il means the disease.	A CONSEQUENCE OF:	
injury at camplication wh	ch caused death.)	It ple relevous -	14 years
ANTECEDEN		beter mellitus à renal.	failure - 7 claus
DISEASES OR CONDITI	ONS, il any, giving DUE TO, OR A	S A CONSEQUENCE OF:	0
nise to the above c UNDERLYING CONDITIO	ouse (A) slaling the N last. (C)		
11	(~/************************************		
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RE DISEASE OR CONDITION GI 19A-DATE OF OPERATION 21A-ACCIDENT WAS UND	LATED TO THE TERMINAL	**************************************	
19A-DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYR (Yes) No. 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAU	ERLYING 21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or about 21 C, WHERE DID (II In Baltin lifice bldg., INJURY OCCUR?	nore City, give exact location)
21 D. TIME (Month) (D. OF INJURY (APPROX.)	(Yeol) (Hour) 21 E. INJURY OCCURRED While At Not Who At Work	21 F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this	hospital) attended the deceased from	Z-11-71 19 7/ to	6-18 10 71
that (1) (we) last saw the			19
	uses stated above. (1) (We) (did) (did nat)	197/and that In(my) (6ur) o	pinian death accurred on the date
23A. SIGNATURE	(i) [me]/(did) (did not)	view the body after death.	
Marin	Queb Ro AH	ending Med. Shaff	23 B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Ph	s. Director Phys.	
NAME (Type)	yung Pack Ro DEGREE	130 achtulon et.	Cutheran horperts
REMOVAL (Specify) 24B	DATE 24C. NAME of CEMETERY OF CE	EMATORY 24D. LOCATION (City, town, or countyl (Stote)
	23-71 Mt. Auburn Cen	etery Baltimore	Maryland
SA. DATE REC'D BY HEALTH		25C. FUNERAL DIRECTOR	ADDRESS
JUN 21 1	971 Paber E, Jaben M.D. 1		3035 W. NORTH A
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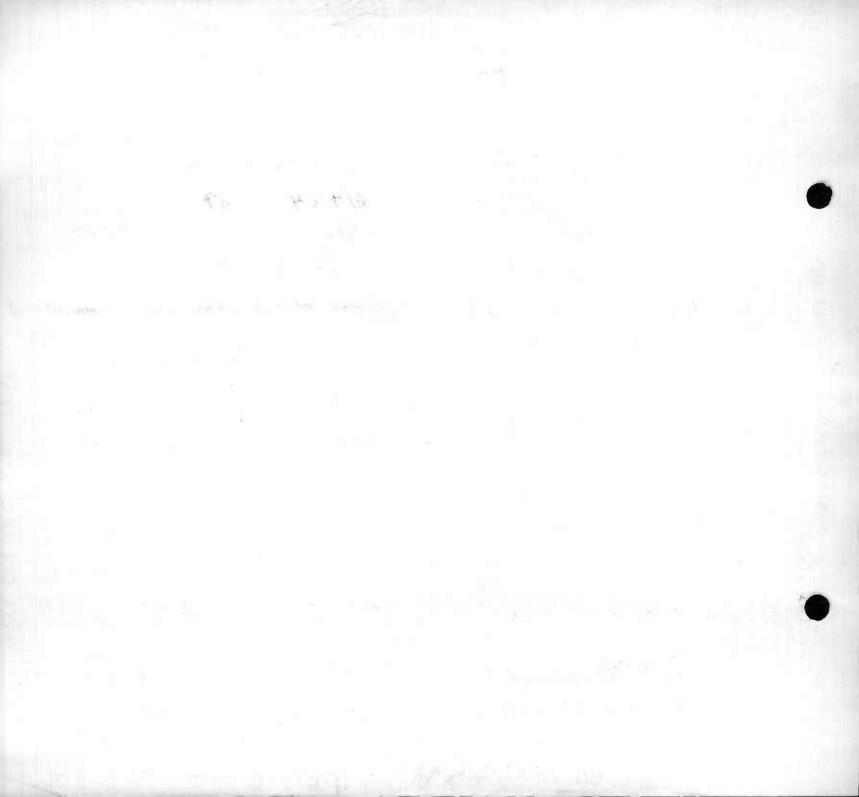
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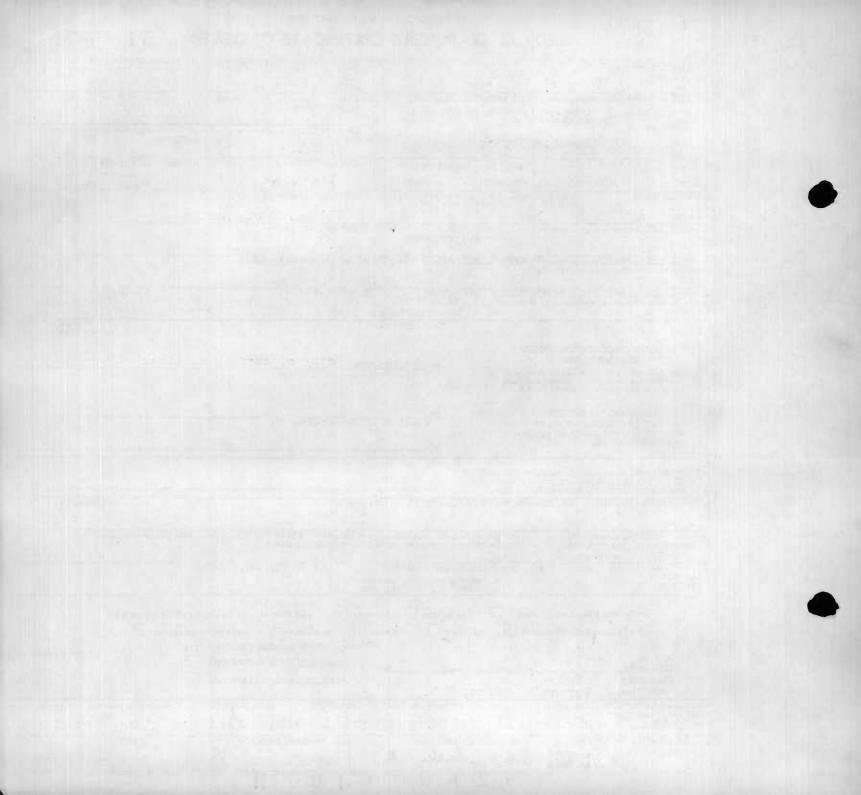


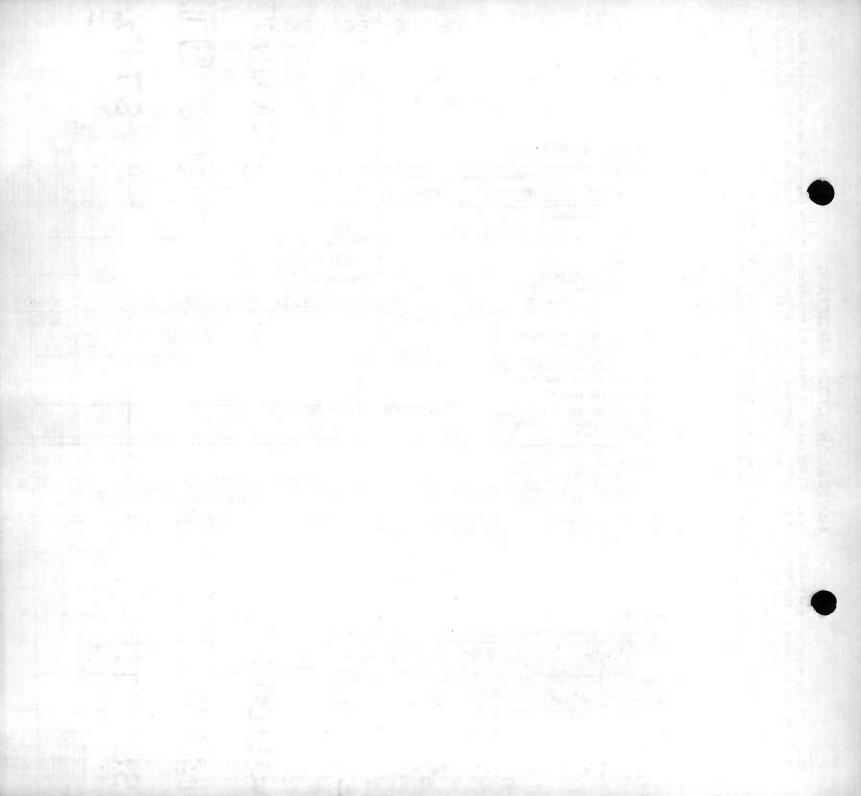
1	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 1. 5872	
	NAME OF DECEASED	
L	Type of Pantl Emma Paschall 6-15-71 1200	
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission and the company of the company	M.
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY HMITS?	
ľ		
ı	E. STREET AND NUMBER	
116	SEX CORRECT Nospital 3009 Strayrow St. 2/2/	la
	MARKIED NEVER MARKIED O. DATE OF BIRTH 19/AGE (In years If Under 1 1/4. If Under 24 H	IS _e
ī	OA, USUAL O CCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11 BISTHEIL OF GLAD	DVT
d	Housewife Home North Carolina USA	KII
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_
	Lewis Bullock ? ?	
0	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
_	No 238-64-2295 Mrs. Lucy Talley 3009 Grayson Stree	t
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH
	LEADING TO DEATH	
l	heat foilure, asthenia, etc. It means the disease	
	injury or complication which caused death.) ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF	
1	rise to the obove cause (A) stating the UNDERLYING CONDITION tost. (C)	
١,		
TO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CEPTIEIC ATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	_
-EDT	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obey 12) C. WHERE DID (15 In Rollmann City of the Plant Course)	
AI	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bide, INJURY OCCUR?	_
AFPIC	210-TIME (Manth) (Doy) (Yeerl (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
M		
	22. certify that (1) (this hospital) attended the decessed from (2) 15 10 71 17 71	PN
	that (I) (we) last saw the deceased olive on 1971 ond that in (my) (our) opinion death occurred on the da	te.
	and hour and from the causes stated above. (1) (Ne) (dld) (dld not) view the body after death.	-
	23A. SIGNATURE 23B. DATE SIGNED	-
	23C. PHYSICIAN'S DEGREE Phys. Director	
	NAME (Type)	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stote)	_
	Burial 6-21-71 Russell Union Cemetery Oine North Carolina	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	-
, é	JUN 21 1971 (Robert E. Jaiber, K.). NUTTER EUNERAL HOME 3035 W. NORTH	AV
2	INVENTO WITO	



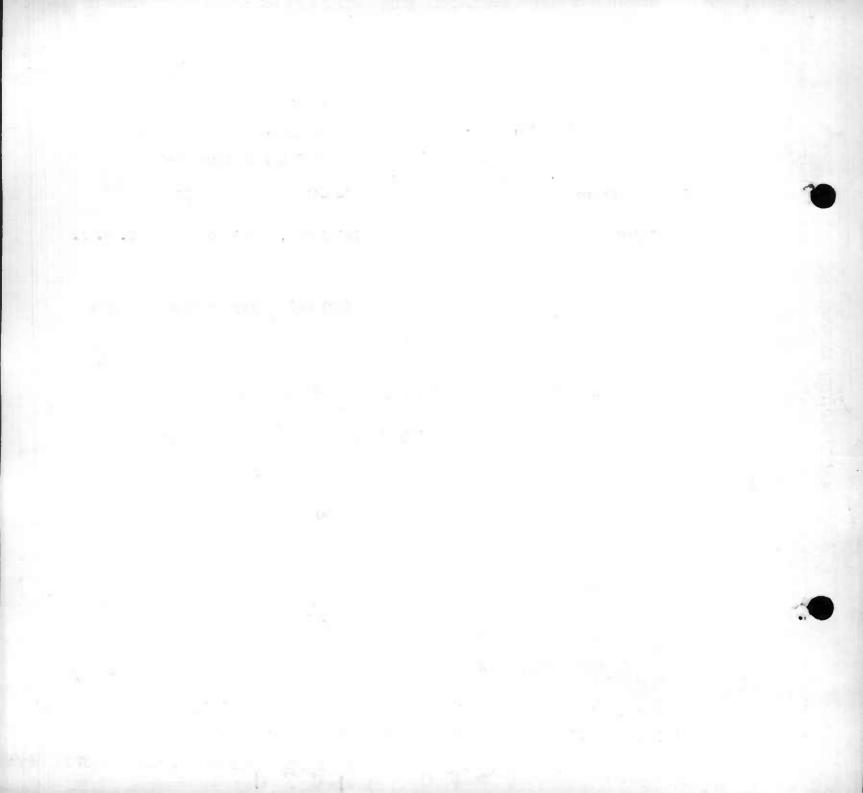
BALTIMORE	CITY	HEALTH	DEPARTMENT

71 5873 BALTIMORE CITY HE	ALTH DEPARTMENT			
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.71 5873			
BIRTH NO.	REG. NO.			
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour			
(Type or Print)	OF DEATH Estimoted			
DAVID V. CHAMBERS	DEATH			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DATE Month Doy Yeor Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 6 14 71 4:40 P. M.			
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission)			
1901 Aisquith Street	A. STATE B. COUNTY			
	Maryland C, CITY OR TOWN D. INSIDE CITY LIMITS?			
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
Male Negro widowed ☑ Divorced ☐	Baltimore YES X NO			
9. DATE OF BIRTH 10. AGE (In years M Under 1 Yr. If Under 24 Hrs.				
lost birthday) Months , Days , Hours , Min.	L. JIKEEI AITO ITOMOEK			
10-25-1932 38	1146 E. North Avenue			
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME			
WHAT COUNTRY?				
Virginia USA	Juel Chambers			
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	113. MOTHER'S MAIDEN NAME			
Laborer	Odie Dver			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT ADDRESS			
(Yes, no or unknown) (if yes, give wor or dates of service) SECURITY NO.	Junior Chambers 3912 Pinkney Road			
No 218-28-147	D Ralph Chambers 2726 Gatehouse Drive			
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
M // 10				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Patty alteration of liver			
(A)IMMEDIATE	CAUSE Fatty alteration of liver			
(This does not mean the mode of dying, e.g., heart loilure, osthenia, etc. it means the disease,	AS A CONSEQUENCE OF:			
injury or complication which coused death.)				
ANTECEDENT CAUSES (B)	As A conversition of a			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:			
! INDERLYING CONDITION LAST				
Z (d)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED [21. AUTOPSY? (Yes or No)			
0 1	Yes			
	In or obout 22C. WHERE DID (if in Boltimore City, give exact location) as bidg, etc.) INJURY OCCUR?			
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	a piod etc.) is out of cost			
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?			
OF INJURY	WHILE -			
	VORK			
23.				
I certify that I held an Inquiry I Inspection A	topsy 🔀 and that on this basis, death in my opinion			
resulted from Notural causes Accident Suici	De putter			
	Deputy CHIEF MEDICAL EXAMINER DATE SIGNED			
ACTUAL ////////////////////////////////////	ASSISTANT MEDICAL EXAMINED			
SIGNATURE M.I	6_15_71			
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER			
NAME (Type) Werner U. Spitz, M.D.	COTHATON IN LOCATION (C.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL, (Specify)				
Burial 6-19-1971 Arbutus Me	morial Park Baltimore Co. Maryland			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR				
JUN 21 1971 Robert E. Farber, M.A.	NUTTER FUNERAL HOME 3035 W. NORTH A			
VS 151-REV, 1/1/68	A A A A A A A A A A A A A A A A A A A			
V5 151-REV. 3/1/68				



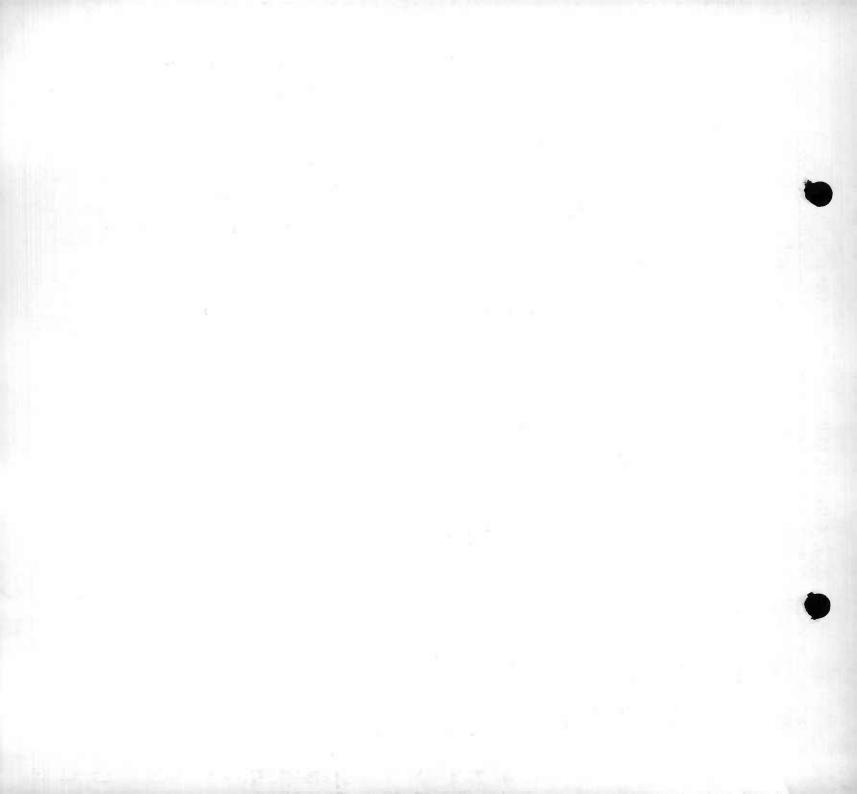


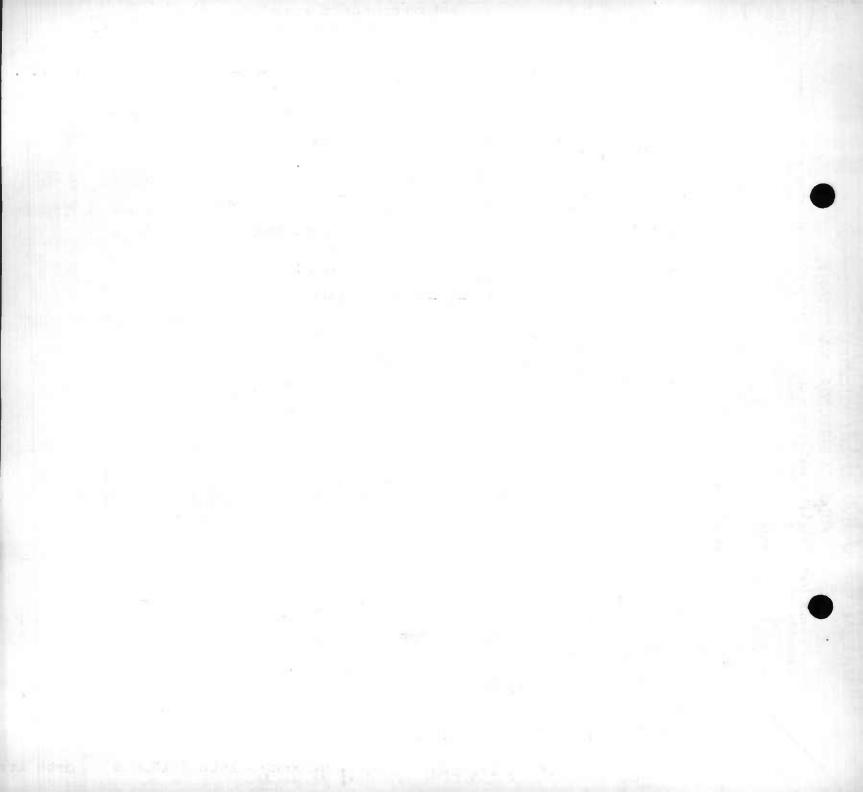
36	0 5 1	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 5875
0	oital and af death Deceased e on the	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH,
	af d af d Dece ce on	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before odmission) A. STATE B. COUNTY
	hos use (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland 3
	ing cau atte	Provident Hospital, Inc. Baltimore E. STREET AND NUMBER 2247 Reistertown Road
	occurre antribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. Male Negro WIDOWED DIVORCED 7-9-41 30 Months Doys Hours Min.
	det det in dec	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
	rect a (4) Un was the cisposit	Unemployed Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
TAN	if the dir ny kind; (nd death ance on r final dis	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS FRIEND), Mary Woodrup Same
restriction to must be experienced by the chief medical examiner or his easy was released to the haspital by a medical examiner. Also, is: (1) An accident of any nature; (2) Body burns; (3) A fracture of an D.O.A. at a haspital (except where the physician who pronounce	y the chief medical examiner of his ital by a medical examiner. Also, e.; (2) Body burns; (3) A fracture of arthere the physician wha pranounce befare the remains are embalmed a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, astheria, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITION SIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITION SIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITION SIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDI
	refrincers must be approved to the second to	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED While AI Not While Not While Not While Not While Not Work Not While Not Work Not
0	the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS TO A ADDR



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FUNERAL DIRECTOR: IMPORTANT	nine	ract	S d m
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Mar	y th	e; (2	No p
	d be	ater X	(9) Ded
	he t	N IN	bra
	app to t	of al	h);
	st be	ent	deat
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Cause D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance of the physician who pronounced death was in regular attendance.	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	cate /as r	An a	prov
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	s ce	s D.	reas
	Thi	she	P ≥

BALTIMORE BALTIMORE	CITY HEALTH DEPARTMENT				
DIRTH NO. CERTIFI	ICATE OF DEATH REG. NO.71 5876				
(Type or Print) MALINDA GRIFFIN	JUNE 18, 1971				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission A. STATER YLANDOUNTY				
Bon Secours Hospital	E. STREET AND NUMBER 2648 Frederick Ave				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUdone during most of working life, even if retired) HOUSEWITE	USTRY 11. BIRTHPLACE (Stote or Loreign country) 12. CITIZEN OF WHAT COUNTRY Chestertown , Md USA				
Maxwell Johnson	14. MOTHER'S MAIDEN NAME Sadie				
15. Wes Decesed Ever in U. S. Armed Ferces? (Yes, no or unknown) lif yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	Mrs Hilda Woody, Same				
LEADING TO DEATH	gestive Heart Failurs BETWEEN ONSET AND DEATH				
injury or complication which caused death.) ANTECEDENT CAUSES Conen	PALIZE d Apterioselenosis				
DISEASES OR CONDITIONS, if any, giving nise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C).	DR AS A CONSEQUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, form, foctory, street	(e.g., in or obout 21 C. WHERE DID (II In Boltimore City, give exact location) let, office bidg., INJURY OCCUR?				
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not Work	While Work				
22. I certify that (1) (this hospital) attended the deceased from	19				
that (1) (we) lost sow the deceased alive on	19and that in(my) (our) opinion death occurred on the date				
and have and from the causes stoted above. (1) (We) (did) (did not) view the bady after deoth. 23B, DATE SIGNED					
Alfording Med. Staff G/21/2/					
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	r crematory PAD. LOCATION (City, town, or county) (Stole) Cemetry Fountain Md				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
JUN 21 1971 Vales E. Jaskey K.A.	Adolphus Helstead 1206 W orth Ave				





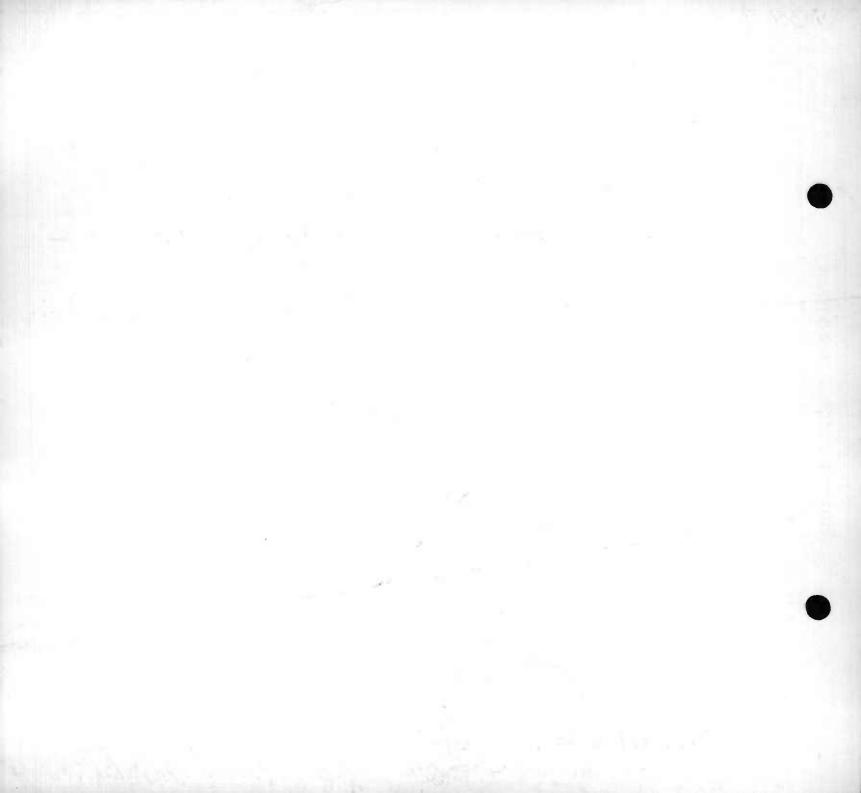
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-in	NAME OF DE	CEASED	-				2. DATE OF	Known [Mo	nth	Day	ris .	Year	Hour
		ALGEON	STEVE				DEATH	Estimated		110			- 17	1
111	LL NAME OF					OUNCED DEAD	3. DATE	UNCED DEA	D	onth	Doy		Yeor	Hour
HC	SPITAL	ADDR	ESS OR LOCA	TION)	1110111	ON, GIVE STREET			; Jt		18, 197			1:50 P.
1	^						A. STATE			ased li	B. COUNTY		idence l	pefore odmission)
1	SEX T	Pear:	Stree					Maryla	nd				7	02
					-	NEVER MARRIED	C. CITY OR				D. INSIDE	CITY L	IMITS?	
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	DATE OF BIR	in	lost birthdo	v)	Mont	der I Yr. II Under 24 Hrs. hs Doys Hours Min.								
-	6-3-05 BIRTHPLACE	(State on four)	lan insuntant	66	10.6	ITIZEN OF		Pear1	Stree	t				
						HAT COUNTRY?	13. FATHER		C + - · · · - · · ·					
14/	Faison	, North	n Carol	Ina	OF	U. S. A. USINESS OR INDUSTRY		imons		15				
dor	e during most of	working life, e	ven Il retired)											
16	WAS DECEA	SED EVED IN	IIS ADME		tir	ed 17. SOCIAL	18. INFORM	ucinda	2 teve	ens		4000		
(Ye	s, no or unknow	n) (If yes, give	wor or doles	of service)	SECURITY NO.		ford F	unoral	Но		ADDR.		C
-	No.	I No	0			CAUSE OF DEAT		1014 11	unerai	110	ilic, bui	111,		PROXIMATE INTERVAL
	4													EEN ONSET AND DEA
	DISEA	SE OR COND LEADING TO		CTLY		Hyperten								
	(This daes	not meon the e, asthenia, et		ing, e.g.,		(A)IMMEDIATE C	AUSECATO	iovascu	ular d	ise	ase	-		
	heart lottur injury or co	e, asthenia, et implication wh	c. It means the ich coused dec	disease,		502 10, OK A	S A CONSEQ	OLINCE OI:						
-2		OR CONDIT		GIVING		(B) DUE TO, OR	S A CONSE	DIENCE OF						
	RISE TO THE	OR CONDIT	USE (A) STA	ING THE										
Z	OTTOLINET	THE CONDITION	TOTA LASI.			(c)					~~~~			
F	OTHER SIG	NIFICANT CO	II NDITIONS CO	ONTRIBLE	TING			1 4/4			Man I			
SE SE	I TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	INAL									
CERTIFICATION						WHICH OPERATION WA	S PERFORM	ED				21.	AUTO	PSY? (Yes or No)
Ö														no
×	22A. EXTE	RNAL CAUSE	WAS		22B.P	LACE OF INJURY (e.g.,	n or obout 2	2C. WHERE	DID (II In 8	oltimor	e City, give e	xoct lo	otion)	
S	UNDERLYING C	G OR CON	TRIB-		home,	farm, foctory, street, office	bldg., etc.) Il	VJURY OCCI	UR?				,	
MEDI	22D. TIME		Day) (Year) (Hou	r) 22	E.INJURY OCCURRED	2	2F. HOW DIE	DINJURY	OCCL	JR?			
	OF INJURY (APPROX.)				m. W		WHILE							
	23.				m.j w	ORK LAT W	JKK L							
	1 cer	tify that I h	eld an I	nquiry [Inspection 🗵 Aut	opsy 🗌	and that	an this b	asis,	death in my	apir	lon	
	resu	Ited from: 1	latural cau	es 🗵	Ac	cident Suicid	Ha Ha	micide 🗌	Unde	termir	ed manner			
		7	1 1	9 15		77		HIEF MEDIC	CAL EXAMI	INER				
	SIGNA	\/	Will	W	VI	My MD	ASSIS	STANT MEDIC	CAL EXAMI	NER				DATE SIGNED
		VER'S Pete	r Lipko	ovic,	M.D		ASSO	CIATE MEDIC	CAL EXAM!	INER	X		6/	19/71
	A. BURIAL CRE MOVAL (Spec		24B. DATE		240	NAME of CEMETERY	r CREMATO	RY 2	24D. LOCA	MOIT	(City, tow	n, or	county)	(State)
11	Burial	,	6-25-	71	F	aison Comm. (Cemeter	У	Fais	on.	N. C.			
	A. DATE REC'E	BY HEALTH				OF REGISTRAR		UNERAL DIR				ADDRI	ESS	
	111	N 21 1	971 (2	Real	6 3	abou MB		ton & [F				ns St.
VS	151-REV. 1/1/6		011 04	1	- 7		IMOR	LOII & L	yett	•	1/01		- u - C	.5 0 0 8
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>1	71 5881 BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. CERTIFICATE OF DEATH
S.	Type of Print PRICE HOLLAND 2. DATE AND HOUR OF DEATH 2:25A
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admiss 8. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS?
	12924 Brighton alreet Ballinge YES NO
	Ballimore, Ind. E. STREET AND NUMBER 2924 Brighton St.
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost birthdoy) 59 Months Doys Hours Min
d	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
ī	Steelworker Steel 11ª Carolina U.S.X.
	Robert Holland Sallie Holland
130	5. Was Decoased Ever in U. S. Armed Forces? (es, no or unknown! [Ili yes, give wor or dotos of service) ADDRESS 17. INFORMANT ADDRESS
	no 219-05-0869 alverta Holland (wife) sam
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERV. BETWEEN ONSET AND DE
	LEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the
	UNDERLYING CONDITION last. (C)
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CENTIEIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IV V	OR CONTRIBUTING CAUSE OF home, form, fociory, street office bidg. INJURY OCCUR?
MEDI	21D-TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURED 21F, HOW DID INJURY OCCUR?
	Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 19 11 to 19 17 to 19 17 that (I) (we) last saw the deceased alive an 19 17 and that in (my) (aux) aninian death accurred on the
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A, SIGNATURE 23B, DATE SIGNED
	23G. PHYSICIAN'S Attending Phys. Attending Phys. Director Phys. 6/19/71
27	23C. PHYSICIAN'S NAME (Typo) D. W. STEWART, M.D. 23D. ADDRESS AMERICA CREATION OF STEWART, M.D. 23D. ADDRESS DEGREE 2300 Faruson Blud. (2
4	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Gity, town, or county) (Stole)
2.	Burial 6-22-71 Carver MeMeorial Pk. Laurel, Maryland 54. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR ADDRESS
_	JUN 21 1971 Paber & Jarban & D. Morton & Dyett F. H. 1701 Laurens St.
4	\$ 150-REV. 1/1/68

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VS 150-REV. 1/1/68

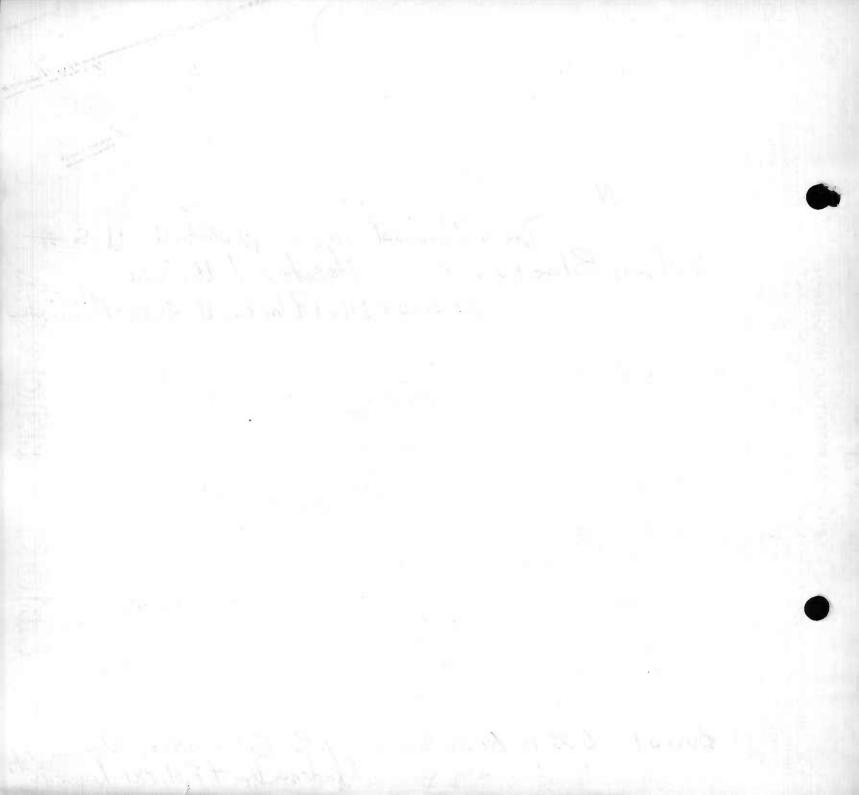


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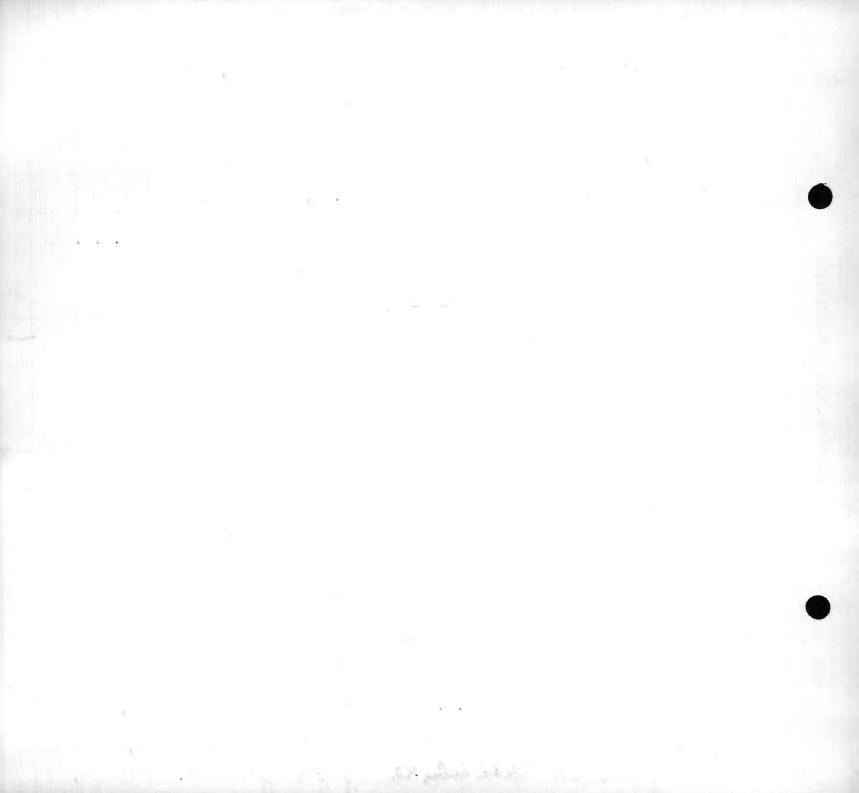
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	DI A CE INI DAI	JACQU			OWAF		DEATH 3. DATE	Estimat	ed L	44 41	Davis		/ear	M.
	L NAME OF					OUNCED DEAD ON, GIVE STREET		UNCED DE	AD	Month	Doy		ear	
HO	SPITAL		SS OR LOCA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JI, OIVE STREET		RESIDENCE	(Where	June	ved. If institu		ence b	9:15 P. M. efore odmissian)
1	4UNION	MEMORI	AT. HOS	PTTA	τ.		A. STATE	Maryl	and		B. COUNT	Υ		708
6.	SEX	7. RACE	III HOU	1.		NEVER MARRIED	C. CITY O		una.		D. INSIDE	CITY LIN	AITS?	
	Female	No	gro	WIDO	_		Ra T	timore				YES X		NO []
	DATE OF BIRT		0		If Un	der 1 Yr. If Under 24 Hrs.		AND NUM			1	123	_	10 🗀
	L	1067	10. AGE (I	3.	Mant	hs Days Hours Min.	506	E. 23	rd Ci	reet				
11.	June 25 BIRTHPLACE		1	, 1.	12. C	ITIZEN OF		R'S NAME	Iu Si	rieet				
	D 1					HAT COUNTRY?	1-	II	ال بي م					
144	Raitimo	re Md.	e kind of work	14B. KIN	D OF E	U.S.A. BUSINESS OR INDUSTR	y 15. MOTH	ER'S MAIDE	N NAM	E			-	
dan	e during most of v	warking life, ev	en if retired)											
16	Ch i	ED EVER IN	U.S. ARMEI		hilo S?	17. SOCIAL	18. INFO	iginia MANI	HOW	ard		ADDRES	SS	
	s, na ar unknown					SECURITY NO.	.,,			2	06 5	0.2 - 1	C 4	
-	19.	111	,			CAUSE OF DEA		ginia	Howa	ra 5	06 E.	23rd	STP	PROXIMATE INTERVAL
	64	16 X											BETWE	EEN ONSET AND DEATH
	DISEAS	E OR COND		CTLY		Cranio	erebra	I Inju	ries					
	(This does n	LEADING TO		vina ea.		(A)IMMEDIATE		QUENCE OF:						
	heart failure	, asthenia, etc.	. It means th	e disease,		DUE 10, OK	M3 A CONSE	QUEINCE OF	•					
				/										
		NTECEDENT				(B)	AC A CONC	EQUENCE O						
	RISE TO TH	OR CONDITION	USE (A) STA	TING TH	Ē	DUE 10, OK	AS A CONS	EGUENCE	·F:					
2	UNDERLYII	NG CONDITI	ON LAST.			(c)								
은			11	D .							i elle Le			
CERTIFICATION		NIFICANT CON												
프	DISEASE OF	CONDITION	GIVEN IN F	ART 1 (A).	10000000000000000						T.	1	(1)
8	20A. DATE O	F OPERATION	1 20B. CO	NOITION	I FOR	WHICH OPERATION W	AS PERFOR	MED				21.	AUTO	PSY? (Yes or No)
2	4									30.7	31	у	es	(head)
S	22A. EXTER	NAL CAUSE			22B. F	PLACE OF INJURY (e.g., farm, factory, street, office	in or about	22C. WHER	E DID (II	in Baltima	re City, give	exact loca	tion)	1
0	UTING CA					Home (ba				23rd	Street	1	9 6	
Σ	22D. TIME OF INJURY	(Month) (D	ay) (Yea	r) (Ho	,	ZE.INJURY OCCURRED	(1)	22F. HOW	ונאו מוס	URY OCC	UR?			
	(APPROX.) 6	-18-71	P	M.			VORK X	Gate	fel1	on s	ubject	whil	le r	laying
1	23.							d						
	I cer	tify that I h	eld on	Inquiry		Inspection Au	topsy X	ond the	at on thi	is basis,	death in r	my apin	ion	
	resul	ted from: N	latural co	ses 🗌	/ A.	ccident 🗴 Suici	de 📗 l	lomicide [_ u	ndeterm	ined manne	er 🗌		,
1.			1-1	//		0157		CHIEF MEI	DICAL EX	AMINER				DATE SIGNED
	SIGNAT		X U	1 %	ev	YUM MI	AS	SISTANT ME	DICAL EX	AMINER				A STORY
	EXAMIN		ter Li	PK OV	ic	M D.	ASS	OCIATE ME	DICAL EX	AMINER	X			6/19/71
	NAME (cer m	Chror				1						5
	A. BURIAL CRE		48. DATE		24	C. NAME of CEMETERY		5		OCATION		lawn, or c	aunty)	(State)
	Burial		6-23	-71		Arbutus Mem					re, Md			1,3
25	A. DATE REC'D	BY HEALTH	DEPT.	25B.	NAME	OF REGISTRAR		FUNERAL			11977	ADDRE	10	
	J	UN 21	1971	Robe	BE	Jaben KD.	Mo	rton &	Dyet	t F.	H. 170) La	ure	ns St.
VS	1S1-REV. 1/1/6	8 1	. 27/10.	5 43	10/	0	0 2	8 8						

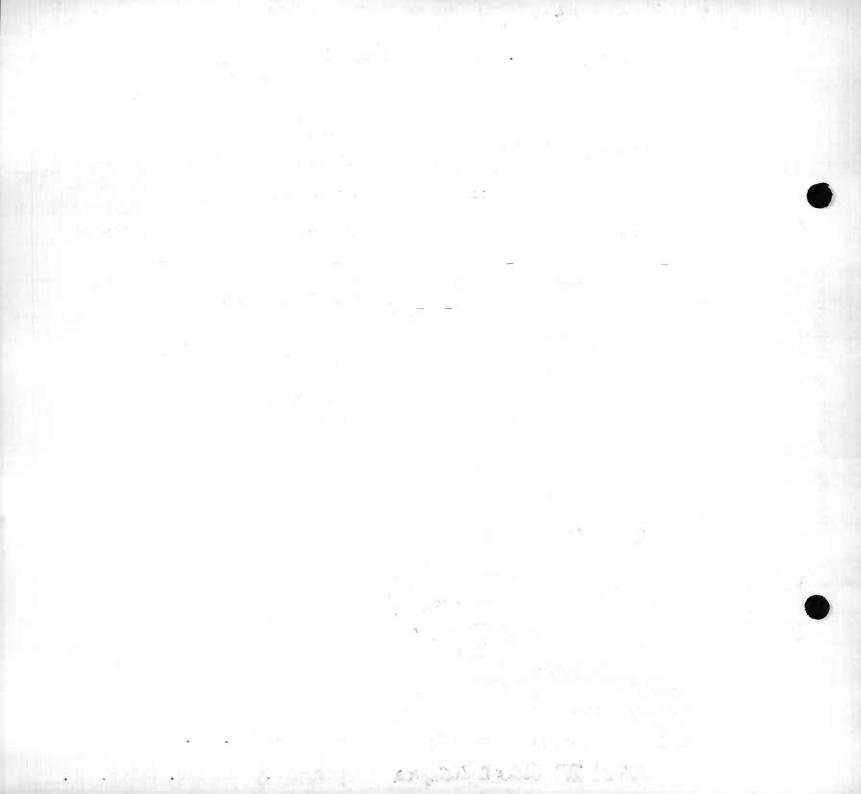
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7-656 74 5000	BALTIMORE CITY	HEALTH DEPARTMENT		74 5000
17 9900	CERTIFICA	TE OF DEATH	REG. NO	71 5886
BIRTH NO. 1. NAME OF DECEASED	GERTITIO,		D HOUR OF DEATH	
(Type or Print) Julia Mae Turne:	2			5'30X
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	June	18,1971	institution: rosidence before admission
		A. STATE B. COUN	TY C	000
FULL NAME OF (IF NOT IN HOSPITAL OR INSTANCE) HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	Maryland		708
INSTITUTION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
		Baltimore E. STREET AND NUMBER		YES NO
/ / 1010 Bonaparte Ave		1010 Bonapar	cte Ave	
SEX 6. RACE 7. MARRIE	D Alcuen MARNER			If Under 1 Yr., If Under 24 Hrs
Female White WIDOWE	DIVORCED	Aug.11,1912	9. AGE (In years last birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
Housewife		Vincinia		II C A
3. FATHER'S NAME		Virginia 14. MOTHER'S MAIDEN NAM	ΛE	U.S.A.
Elbert Cunningham				
	1 6. SOCIAL	Belle Wya	UU	A 50 F 2
5. Was Deceased Ever In U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of service	SECURITY NO.		m	ADDRESS
18. ; •	CAUSE OF DEAT	Miss Virginia	Turner	Same APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		-	~ ./	
LEADING TO DEATH	Carcino		ast Emelas	Tares 5 years
This does not meen the mode of dying, e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart failure, astherio, etc. It means the diseas injury or complication which caused death.)	е,			V
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, givin	(B)	A CONSEQUENCE OF:	***********	
rise to the above cause (A) stoling th	e Doc 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	***********************		***************************************
z				
D (OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3			
✓ [DISEASE OR CONDITION GIVEN IN PART 1 (A).	* *************************************	120 A A112 D D 012 01	000 12	
19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED	/V // /	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	FINDINGS CONSIDERED
21A ACCIDENT WAS UNDERLYING 1	1 0 0 100 100 1	Y // 0	1	
21A ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in	Reo bldg., INJURY OCCUR?	(II in Bollimo	re City, give exact location)
	લો .	- 1		
= OF INJURY	& INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROY)	/hile At Work Not While	. 🗆		
22. 1 certify that (1) (this hospital) attended		1966	9 40	June 1921
that (1) (we) last saw the deceased alive on	, , ,	7 7 /	* In (max) (2004)	
			it in (my) (out) ap	Inlan death accurred an the dat
and hour and from the causes stated above.	(1) (me) (dld) (dld-not) v	lew the bady after death.		
and a	- 9/10 ALL	nding Med.	Shell C	238. DATE SIGNED
Loy 11/2mme	DEGREE Phys	. Director L	Staff Phys.	16/10/7/
23C. PHYSICIAN'S LNAME Typel		23D. ADDRESS		
Loy M Zimmerma	n M.D.	3202 Harford	Rd Balti	more, Maryband
	NAME OF CEMETERY OF CRE			ity, town, or county) (Stotel
D . 7 // / / / / -	amada al Th			
Burial 6/22/71 Ct	unningham Fan	111y Plot Ri	issell Con	inty, Virginia
	& Jaban M.D.		or also Torre	Della territoria
\$ 150-REV. 1/1/68	The Autority L. P.	Leonard J.H	uck Inc.	Baltimore, Md
/ 10V-10-10-17-17-17-00	and the state of	1 40 4 4 5 5 5 5 5		

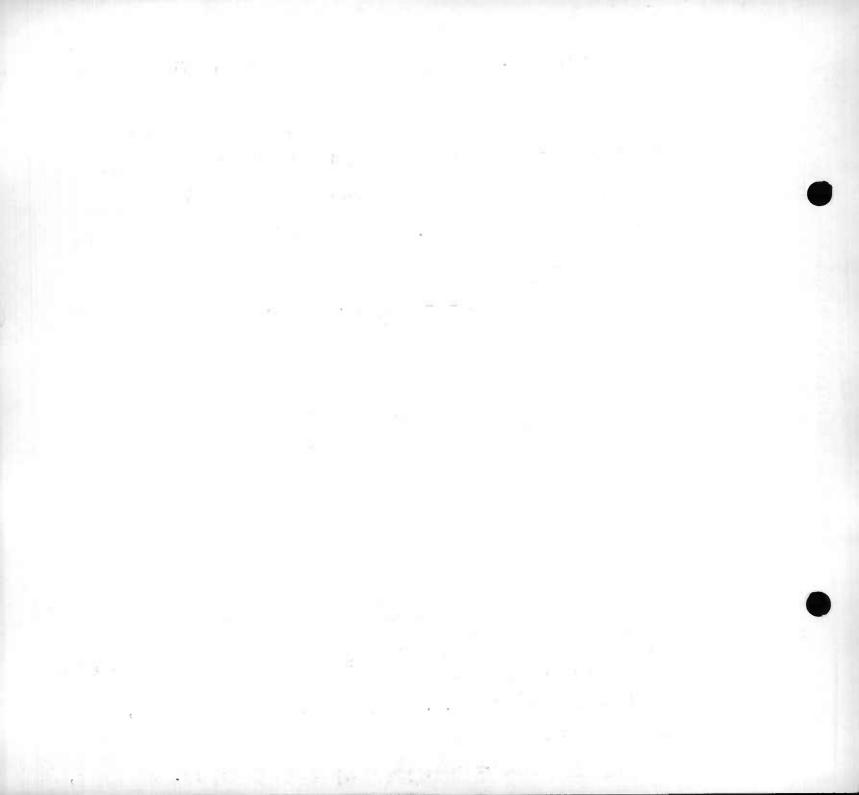




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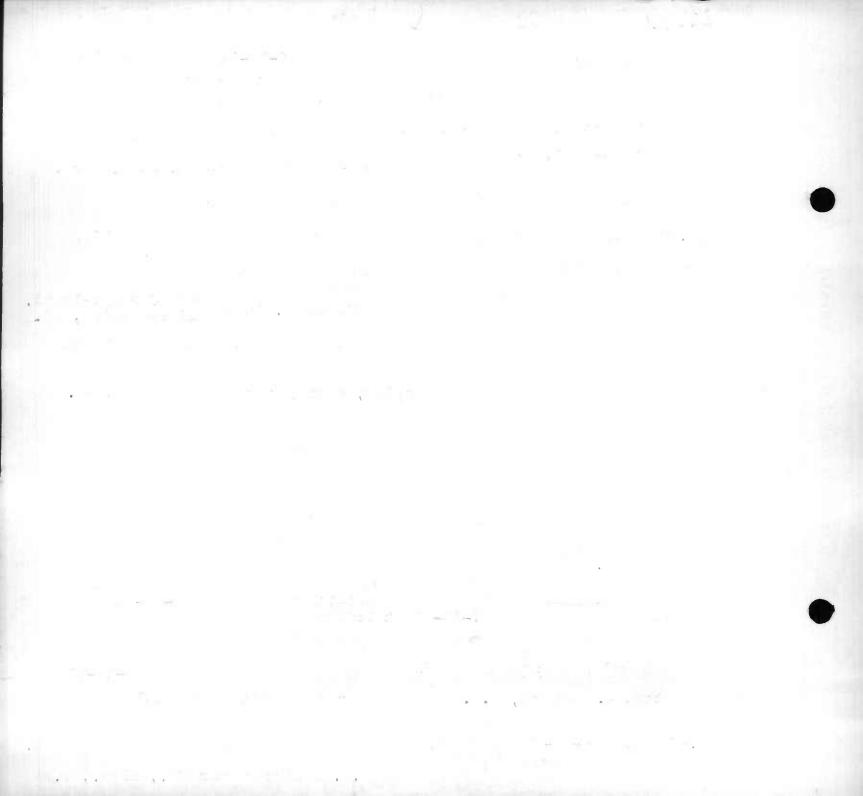
3-415 71 5889	BALTIMORE CITY	HEALTH DEPARTMENT		T/4
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	17 2833
1. NAME OF DECEASED		2. DATE AND H		10
William r.	Sullivan		7, 1971	1 6 m. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where dec	ceosed lived. Il insti	tulien: residence before edmissien)
FULL NAME OF IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET	Maryland		2706
HOSPITAL OR ADDRESS OR LOCATIONI		C. CITY OR TOWN	D. INSIDI	CITY LIMITS?
		Baltimore		res 🙀 NO 🗌
7 Long Green Nursing F	lome	E. STREET AND NUMBER		
		2701 Louise Aven		
Mo 7 - MARKIED	NEVER MARRIED	6/1/1896 lest t	SE IIn years pirthdeyl /	If Under 1 Yı. II Under 24 Hrs. Menths Doys Heurs Min.
Male White WIDOWED			75 °	
done during most of werking life, even if refired)		III. BIKIMPLACE IStete et fereign ce	ountry)	12. CITIZEN OF WHAT COUNTRY
	ehem Co.	Virginia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Sullivan		Henriett	a Schiflet	t
15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, ne or unknewn) (If yes, give wer ar dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-01-3252A	Mrs. Helen V. Sul	liven	Sama
18. 24 44 1	CAUSE OF DEATI		vali	Same
DISEASE OR CONDITION DIRECTLY		(1.A)	2 AL	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	Le laile heart	allack	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:		
injury at camplication which coused death.)				
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	****************	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)		0	
Ш	(0)	1 6		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Henous	Lever	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		or corcov		*********
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes er Ne) 20B	IF YES, WERE FIN	DINGS CONSIDERED
		TAO	CERTIFIED CAUSE	S OF DEATH!
OR CONTRIBUTING TO CAUSE OF	e, form, fectory, street, af	er ebout 21 C. WHERE DID	(II in Baltimere C	ity, give exect lecetion)
DEATH (notify medicel examine)				
	INJURY OCCURRED	21F. HOW DID INJURY	CCUR?	/ 1
(APPROX) Whi	le At While	X ~		/ /
22. I certify that (1) (this hospital) attended th		TEC > 5 10/	0	(UW/) 101/
that (I) (we) lest sow the deceased alive on	June 17	19 // and that In	10	n dood
and hour and from the causes stated above.	(414) (414) (414)	7	(my) (que) opynio	n death accurred an the date
23A. SIGNATURE	(dia) (dia not) V	ew the body after death.	100	B. DATE SIGNED
11/7/1/5/1/	/ MA DAHOT	ding Med. Stoff		June 18, 1971
23C. PHYSICIAN'S NAME IType)	DECREE Phys	Med. Staff Directer Phys. 3D. ADDRESS		, , , , , , ,
William G He/fric	h M.D. DEGREE	5006 Roland Ave	Baltimo	re. Maryland
REMOVAL ISpecifyl	ME el CEMETERY er CRE	MATORY 24D. LOCATI	ON ICity,	tawn, or county) (Stotel
	kwood Cemetery		Baltimore N	Maryland
25A. DATE REC'D BY HEALTH DEPT. 258. NAME C		25C. FUNERAL DIRECTOR		ADDRESS
CONTRA STATE	E Jaybey M.A.	1 Leonard J Ruc	k Inc. E	Baltimore, Md
VS 150-REV. 1/1/68		,		



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

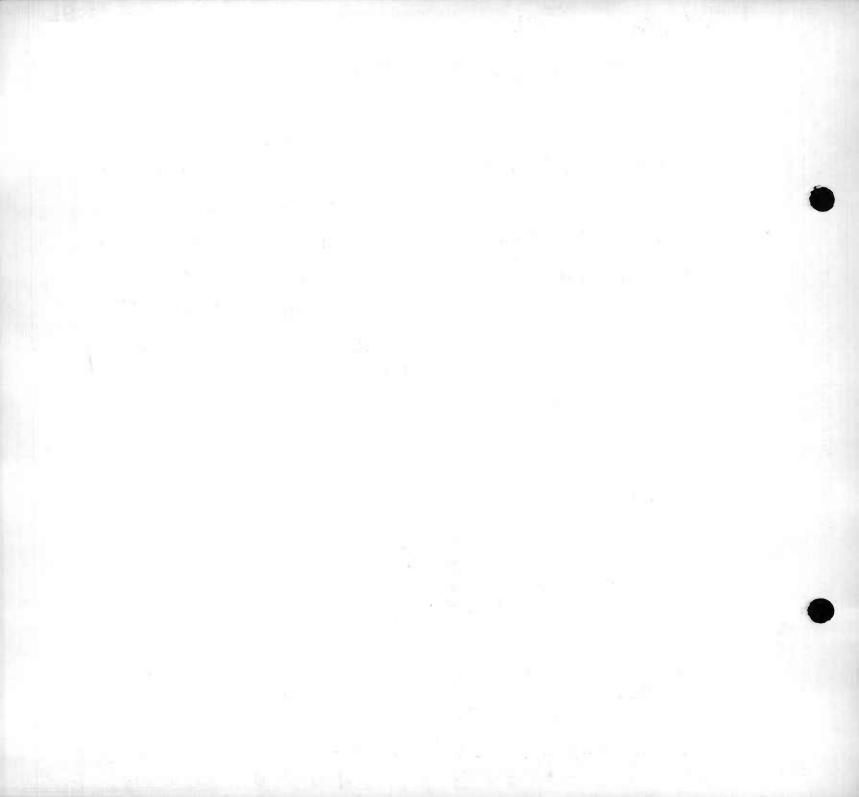
BALTIMORE CITY HEALTH DEPARTMENT at 7:00am 4. USUAL RESIDENCE (Where deceased lived. II institution: residence below admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YESTX NO . 15213 If Under 1 Yr. Months! Days Hous Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 8508 Springvale Rd. Silver Spring. BETWEEN ONSET AND DEATH 2 days 6 mo. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (il In Baltimare City, give exact location) 6 - 19 - 71ond that in (my) (opinion death occurred on the date 23B. DATE SIGNED 6-19-71 Good Samaritan Hospital (City, town, or county) (Stote) Pa. W.Jenkins & Sons Co., Balto., Md.



IMPORTAN

DIRECTOR:

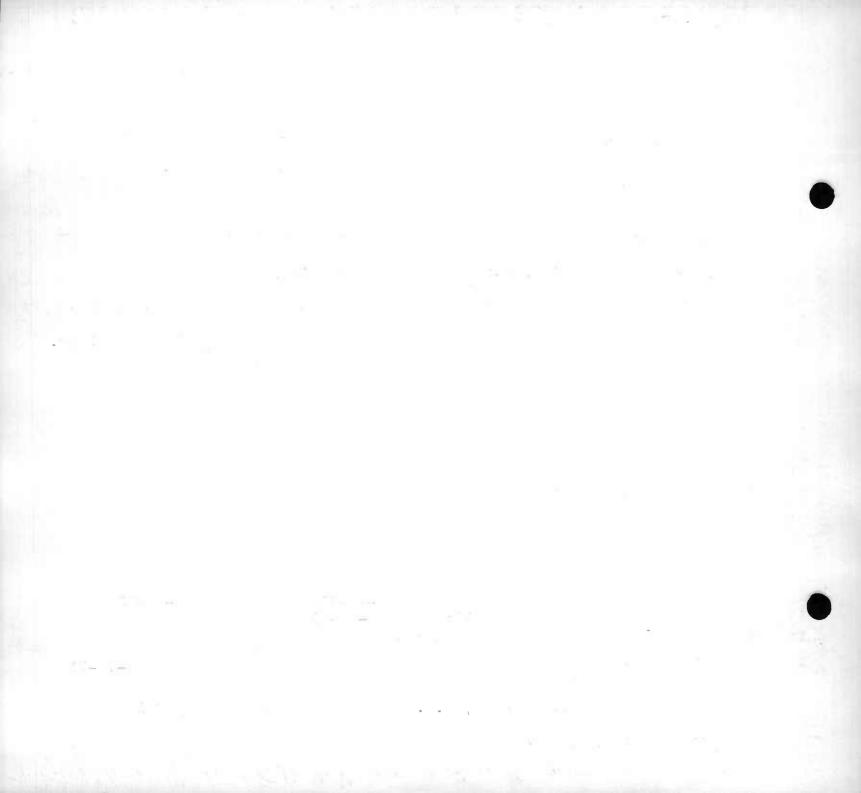
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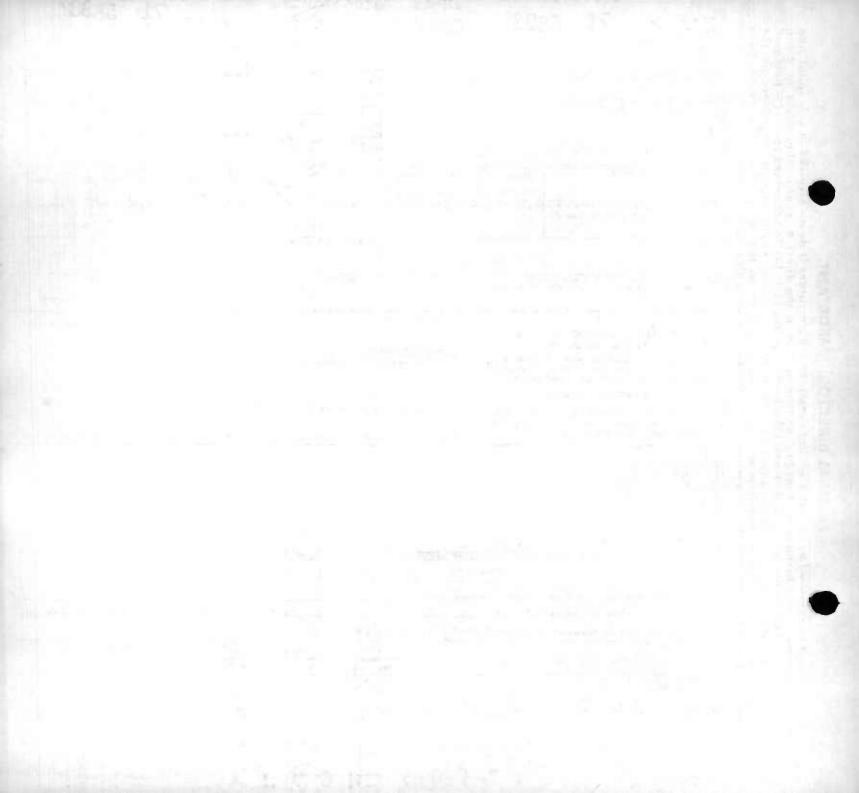
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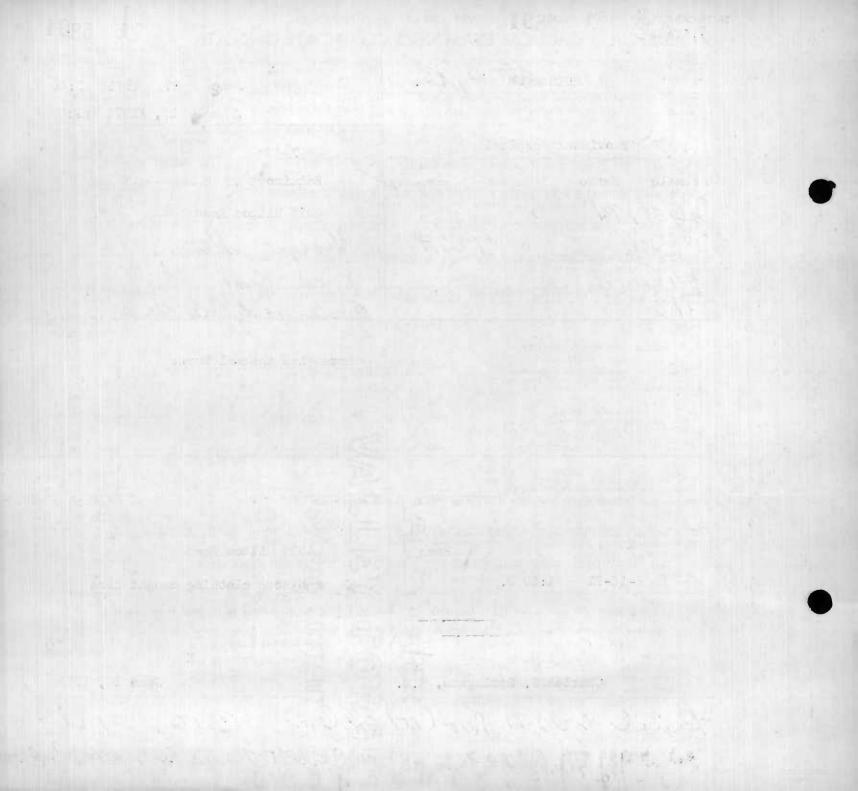
DIRECTOR:

FUNERAL



1/ 122		HEALTH DEPARTMENT	71. 5893
H-400 71 5893	CERTIFICA	TE OF DEATH REG.	No. / L 0000
BIRTH NO.		2. DATE AND HOUR OF	BEATH
(Typo or Print)	HOLLEY	2. DATE AND HOUR OF	197/ 1 6.35 B W
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONO UNCED DEAD	4. USUAL RESIDENCE (Where doceased li	ved. If institution; sesidence before admission)
FULL NAME OF (IF NOT IN HOSHTAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR JOWN	D. INSIDE CITY LIMITS?
INSTITUTION	Allan +0	But	YES NO
35Church Home	4 Migues	E. STREET AND NUMBER	Sti
5. SEX 6. RACE 7. MAE	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	
F B WIDO	WED DIVORCED	1/2/05 last birthday	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIP done during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	South . Cart.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN NAME	
	chekuis	Susana Chi	mpin
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dates of ser	vice) I & SOCIAL SECURITY NO.	Proce Brown	- day hts - Some
18. 250,71	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		USE Up, thinon	10 Rocal
(This does not mean the mode of dying,		A CONSEQUENCE OF:	is 100 mgs
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	eose,		
ANTECEDENT CAUSES	101 ASC	4D CHF plea	usl effect live 6
DISEASES OR CONDITIONS, If any,	iving DUE TO, OR A	A CONSEQUENCE OF:	Kn
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c)	raliets.	
11	(0/222222		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).			
Sisease or Condition Given in Part 1 (a).		150 A	West strongs considers
19A-DATE OF OPERATION 19K CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A AUTOPSYZ (Yes or No.) 20B, IF TES	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examines)	21B PLACE OF INJURY (e.g., home, form, lociory, street, etc.)	in or obout 21 C. WHERE DID (If In	n Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) [House	21E INJURT OCCURRED	21F. HOW DID INJURT OCCUR	T .
(APPROX)	While At Not While At Work	· 🗆	
22. I certify that (1) (this hospital) atten		6/11/25 197/ 10.	6/19 197
that (1) (we) lost saw the deceased allve	on June 19	192/ and that In (my)	aur) opinion death occurred on the dote
and hour and fram the couses stated abo	ive. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	. / 0	ending Med. Stoff	23B, DATE SIGNED
	M. P. DEGREE Ph	ending Med. Stoff Phys. 23D. ADDRESS	6/19/71
23C. PHYSICIAN'S NAME (Type)	7:000 112	OHURCH HOME &	HOSPITAL
WILMA B. MAN 24A. BURIAL CREMATION, 1248, DATE		EMATORY 24D, LOCATION	(City, fown, or county) (State)
REMOVAL (Specify)	aletin	Mars for b /111	Little ml
25A. DATE REC'D BY HEALTH DEPT. (25B.'N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Melten & Ele	cken 1129 n. Carl
VS 150-REV, 1/1/68		1 6 9 2	



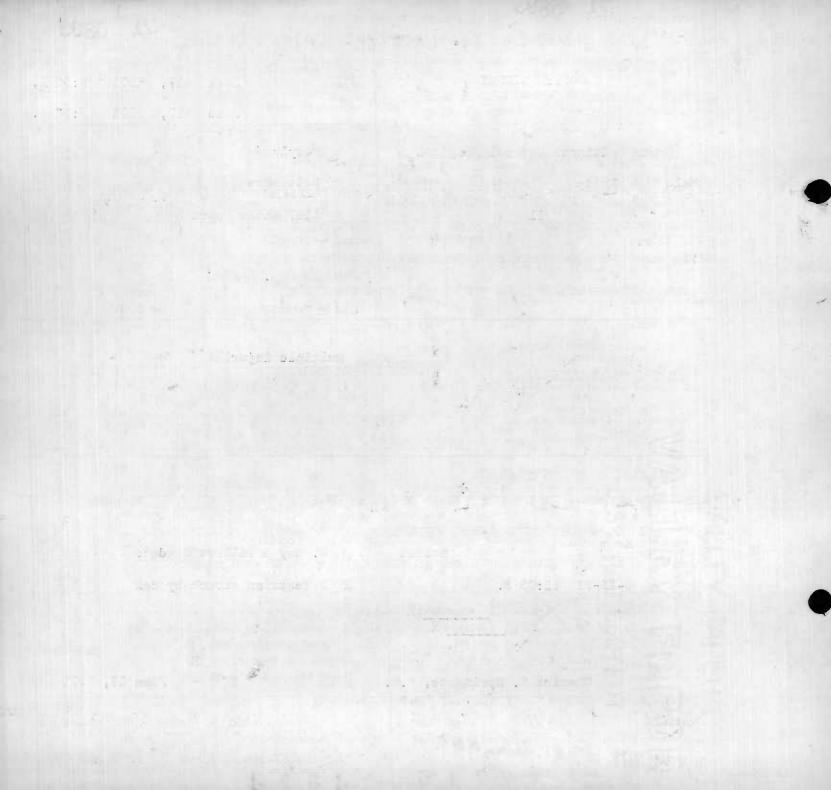


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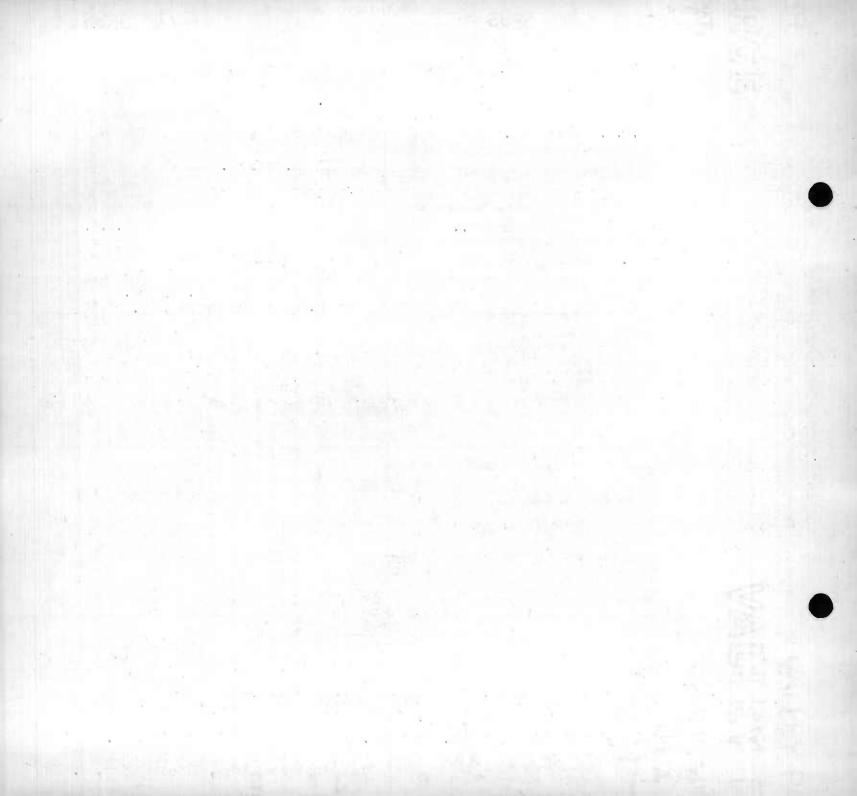
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

71 5895

			MILD	ICAL	LA	MAIIIALY 2	CKIIII	CAIL	DLAI	REG. NO.			
_	TH NO.	FACED					II. BATE					E.	
(Typ	NAME OF DEC		OSEPH	LINS	EY		2. DATE OF DEATH	Known X Estimated [- T	17,	1971	5:32	A. M.
4.	PLACE IN BALT	IMORE, MAR	YLAND, W	HERE PR	ONO	INCED DEAD	3. DATE		Month	Day	Yeor	Hour	
	L NAME OF	(IF NOT	N HOSPITA	L OR INST	ITUTIO	N, GIVE STREET	PRONO	UNCED DEAD	June	17,	1971	5:32	A. M
	INSTITUTION	ADDRES	J ON LOCA					ESIDENCE (W	ere deceosed l	ved. If institution	: residence	before odmis	(noise
1	4 2	D = 7 4 2			7 77		A. STATE	Manual		B. COUNTY	7	15/	16
6.		Baltim 7.RACE	iore G			NEVER MARRIED	C. CITY OF	Marylan	<u>a</u>	D. INSIDE CI	TY LIMITS?	00	1
											-		
	Male	White	10. AGE (In	WIDOW		DIVORCED L	E STREET	Baltimo	re	YE	ES 🔲	NO L	
	eb 27.19		lost birthday	v)	Months	er 1 Yr. If Under 24 Hrs. 1 Days , Hours , Min.	E, SIKEEI	4107 Si	den Cou	rt (Hyd	len (t)	
11.	BIRTHPLACE (S		country)			IZEN OF HAT COUNTRY?	13 FATHER			(- 18	*	
l 4A don	.USUAL OCCUP e during mast of w	PATION (Give I arking life, ever	kind af wark n if retired)	14B. KIND	OF BU	ISINESS OR INDUSTR	0	r's MAIDEN N erley J.	11				
16.	WAS DECEASE	D EVER IN U	S. ARMED	FORCES	? 1	7. SOCIAL	18. INFOR				DDRESS		
(Y e:	s, no or unknown)	(If yes, give wo	ir ar dates	of service		SECURITY NO.	-	Jowers			above		
	19.	. 17 =	5			CAUSE OF DEA		02000				PPROXIMATE IN	TERVAL
	E81	71				Choose of Ben					BETW	WEEN ONSET AN	ND DEATH
	_	OR CONDIT		CTLY			Mit	ltiple i	niurios		-01		
-		EADING TO I		ing e.g		(A) IMMEDIATE C	AS A CONSE		iljuites				
	heart failure,	asthenio, etc. I	t meons the	disease,		DUE 10, OK	AS A CONSEC	PUENCE OF:					
	injury at cam	plication which	coosed dec	,,,,									
	AN	TECEDENT C	AUSES			(B)							
	DISEASES C	ABOVE CAUS	NS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
7	UNDERLYIN	IG CONDITIO	N LAST.	IIIO INE		(c)							
Ó						(0)							
CERTIFICATION	TO THE DEA	IFICANT COND TH BUT NOT R	ELATED TO	THE TERM									
분		CONDITION							***************************************				
ER	20A. DATE OF	OPERATION	208. CON	NOITION	FOR W	HICH OPERATION W	AS PERFOR!	MED			21. AUTC	OPSY? (Yes a	r Na)
												No	
MEDICAL	22A. EXTERN UNDERLYING	VAL CAUSE W			228. PL	ACE OF INJURY (e.g., arm, foctory, street, affic	in or obaut	22C. WHERE DI	D (If in Boltimo	re Clty, give exa	ct lacation)	515	
03	UTING CAL			45.0		Street (W. Bay &	Filber	t Strdet	is ~	700	
Σ		Month) (Da	y) (Yeor			INJURY OCCURRED	(0)	22F. HOW DID	INJURY OCC	UR?			
	(APPROX.)	6-15-71	12:	05 P.	m. WH	RK NOT	WHILE X	Pedestri	an stru	ck by ca	ır		
	23.	fy that I he	ld 1:	Г	7	Inspection 🗓 Au				death in my			
					_		tap sy 📙			r			
		ed fram: Na			Ac	ident X Suicio		amicide 🗌		ined manner L			
	ACTUAL	(10	10	, [1) * A		CHIEF MEDICA	L EXAMINER			DATE SIGN	1ED
	SIGNATU	IRE U	MX	- 0	9	sugal and	ASS	ISTANT MEDICA	L EXAMINER	[X]			
	EXAMINE NAME (T	R'S Ch	narles	S. S	Spri	ngate, M.D.	ASS	OCIATE MEDICA	L EXAMINER	□ Jun	ne 17,	1971	
	A. BURIAL CREA	MATION, 24	8. DATE		24C.	NAME of CEMETERY	ar CREMAT	ORY 24	D. LOCATION	(City, town	n, ar caunty	(Stot	e)
RE.	Burial Specif		6/21/7	71	9	ilen Haven			Ritchie	Hyway S	ilen B	urrie 1	nd
25	A. DATE REC'D	BY HEALTH DI	EPT.	25B.	AME	FEEGISTRAR	250	FUNERAL DIRE			DDRESS		
	- A A	074 D	EPT. Bent E.	Jan.	Seg.	5. 05 ,						100 A	- 25
	UN 21 1	8/1 00	Defre		ist "		1110	Cully Fi	пелал п	ome 23/	ratap	SCO TV	2 4)
100				7 A C				Ph Ph					



0 -12 13 5	~000	BALTIMORE CITY	HEALTH DEPARTMENT	r-j.	1 ==00
5-560 11 3	9830	CERTIFICA	TE OF DEATH	REG. NO.	1 5896
BIRTH NO.		CERTIFICA			
1, NAME OF DECEASED (Type or Print)				AND HOUR OF DEAT	H ×
	CLAY	SANNER		14,1971	M
3. PLACE IN BALTIMORE, MARYLAND, WE FULL NAME OF (IF NOT IN HOSPITA			A. STATE B. CO		institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA'	TION)	TOTAL STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
37 D.O.A. Mercy Ho	osp.		Baltimore E. STREET AND NUMBER		YES NO NO
79			1301 St. Par	7 01	
SEX 6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II Under 24 Hrs.
female white	WIDOWED	DIVORCED	7/14/1895	tost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work) one during most of working life, even if retired)				oreign country)	12. CITIZEN OF WHAT COUNTRY
Secretarial	Drug C	0.	Maryland		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
John S. Sanner			Robe	rta Ray	
5. Was Deceased Ever in U. S. Armed Forc (es, no or unknown) (If yes, give wor or dates	es? of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1301 St. Pau	1 St.
no		216 07 7386	Mary S. Betts	Baltimore .	Md. 21212
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or the course (A) underlying condition last. II other significant conditions conditions to the course of the	stoting the	(B) DUE TO FOR AS	Lensene Carl	u Vastulon	Nis 4 yrs
19A. DATE OF OPERATION 198. COND.	1 (A). DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, o	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(tf In Boltim	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21 E. I While Work	NJURY OCCURRED Not While At Worky		NJURY OCCUR?	
22. 1 certify that (1) (this haspital)	attended the	deceased fram	ept	1968 ta	19
that (I) (we) last saw the deceased	*	march 27	1971		plnian death accurred an the date
					primail death accurred an the date
and haur and fram the causes state	ed abave. (I)	(We) (did)((did nat))	riew the bady after deat	h.	
Calent B 10	ular	m DEGREE Phy	ending Med. Director	Staff Phys.	238. DATE SIGNED June 16, 1971
23C. PHYSICIAN'S NAME (Type)	Fair	DEGREE	23D. ADDRESS	O.T. MA	1 21043
4A. BURIAL CREMATION, 24B. DATE	24C/NA	ME of CEMETERY OF CR	EMATORY 24D	LOCATION	City, town, or county) (State)
REMOVAL (Specify)	1				
Burial 6/18/71		St. Johns Cem		Ellicott Ci	
IUN 21 1971 Called &	Balley 1	REGISTRAR	25C. FUNERAL DIRECT		ott City, Md. 21043
S 150-REV. 1/1/68	-9-7		1 7 7	5	



JUN 25A. DATE

VS 150-REV. 1/1/68

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a hospital and

T-250	0			BALTIMORE CIT	Y HEALTH DEP	ARTMENT		71	5897
BIRTH NO.	× 71	589	7.	CERTIFICA	ATE OF D	EATH	REG. NO	/ J4	3007.
Type or Print)	ECEASED	000	- 2			2. DATE A	ND HOUR OF DEATH	1	
-		AKAS, A					UNE 16, 197	7	8:35 P
3. PLACE IN B.	ALTIMORE MA	RYLAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RES	B. COU	ere deceased lived, If	institution:	residence before odmissio
FULL NAME OF HOSPITAL OR	F (IF NOT	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	MARYI C, CITY OR TO	AND		LIDE CITY	1206
	Vetera	ns Admi	nistra	tion Hospital	BALTIN		D. IN	YES X	
23	3900 L	och Rav	ren Blv	d.	E. STREET AN			112 [25	140
	Baltime	ore, Ma	ryland		4 W.	North A	lve.,		
MALE	CAUCAS:	LON	WIDOWED		8. DATE OF BI	2	9. AGE (In years lost birthdoy)	if Und Months	er I Tr. If Under 24 Hr Doys Hours Min.
OA, USUAL OC	CUPATION (Give	kind of work 1	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stole or for	eign country)	12. CIT	ZEN OF WHAT COUNT
	OK	on a recirecy	REST	AURANT	CRE	TE, GRI	TRYCE:	US	٨
3. FATHER'S N	AME			40.44.42	14. MOTHER'S			00	n,
MKKE F.	TZANAK	AKAS			CHRIST	INA POI	PPAS		
5. Was Decease	ed Ever in U.S. vn) (If yes, give	Armed Force	of September	1 6. SOCIAL SECURITY NO.	17. INFORMAN				ADDRESS
YES	IWW		or service,	218-03-8883		S, VAH	BALTIMORE,	MARY	LAND 21218
18.	9,31			CAUSE OF DEAT	Н				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DIZE	ASE OR COND LEADING TO	OITION DIRE	CTLY		2000	DTD / DOI	NT 774-77		
(This does	nat meon the	made af	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENC		RY FAILURE	**********	2 weeks
injury ar co	a, asthenia, etc amplication whi	ch caused d	he disease, leath.)	,,					
1 3	ANTECEDEN	T CAUSES				C.O.P.I	1		7 Tanana
DISEASES	OR CONDITI	ONS, if ar	ny, giving	(B)OUE TO, OR AS	A CONSEQUEN	CE OF:	J.	***********	15 Years
UNDERLYIN	he above co	ause (A) s N last	stating the					_	
	11			(c)		***************************************			
I TO THE DEA	IFICANT CONDI ATH BUT NOT RE CONDITION GIV	LATED TO THE	TERMINAL	**********					
19A. DATE O	F OPERATION	198 CONDI	TION FOR V	WHICH OPERATION	20A AUTOP	SY? (Yes or N	O) 20B. IF TES, WERE	FINDINGS	CONSIDERED
0			hed 1400		NO		IN CERTIFYING CA	M2E2 OF	DEATH?
OR CONTRIB	ENT WAS UND BUTING CAU fy medical exam	ERLYING [] ISE OF ined	21 B. ham elc.)	PLACE OF INJURT (e.g., i e, form, factory, street, a	n or about 21 C. V	HERE DID	(If In Boltimo	e City, giv	e exoct location)
DEATH Inotif	(Month) (Do	oy) (Teori	(Hous) 21 E	INJURT OCCURRED	21 F. H	OW DID IN.	URT OCCUR?		
(APPROX.)			Whi	le At Not While					
1									
22. I certify	y that Of (this	s hospital)	attended th	e deceased from	JUNE 7	3.	19 77 to .T	IINE:	16. 1077
22. I certify that N) (we	y that ()() (this	s hospital) e e deceased	attended the	JUNE 16.					
that (L) (we) last saw the	e deceased	allve on	JUNE 16,	19_71_	ond th			16, 1971 th occurred on the date
that (L) (we	e) last saw the nd fram the co	e deceased	allve on	JUNE 16, (We) (did) (ANN)	19_71_	ond th		nion dea	th occurred on the da
and hour or	o) last saw the nd fram the co URE	e deceased	d obave. (K	JUNE 16, [(We) (did) (AMA) v	19.71	ond the	nat in (mik) (our) opi	nion dea	th occurred on the dat
and hour or	of last saw the	e deceased	d obave. (K	JUNE 16, [(We) (dld) (XXXXXX) v	19.71	fter death.		nion dea	th occurred on the da
and hour or 23A. SIGNAT	of last saw the	duses stated	d obave. (K	JUNE 16, [(We) (dld) (XXXXXX) v	lew the body of th	ond the	nat in (mik) (our) opi	23B, DAT	th occurred on the date is signed 6/16/71

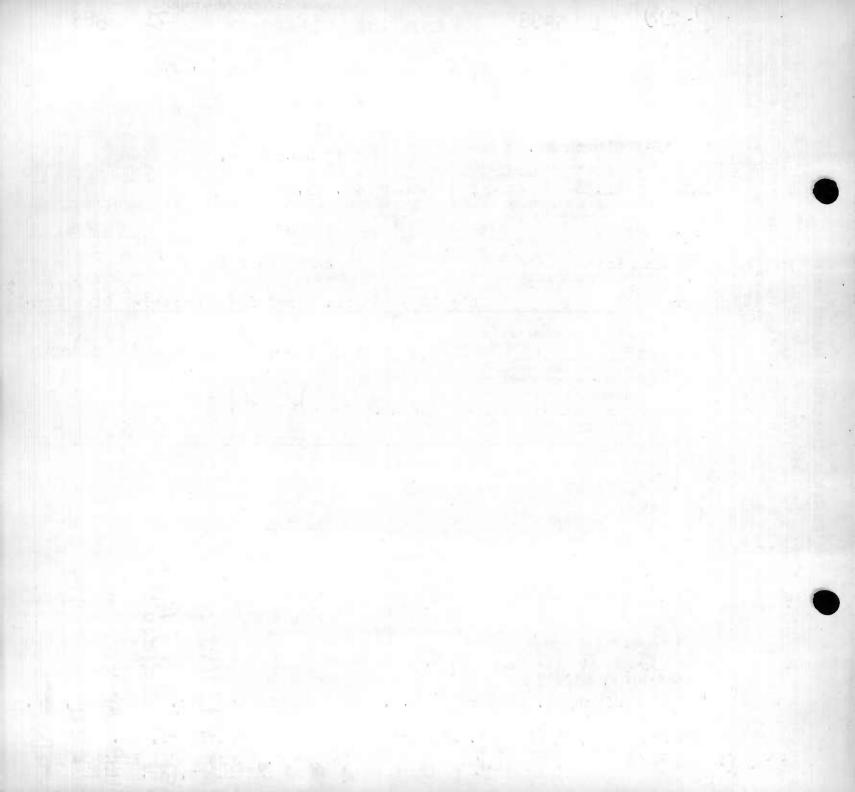
Maryland Funeral Home, In Baltimore Robert C. Al tenburg

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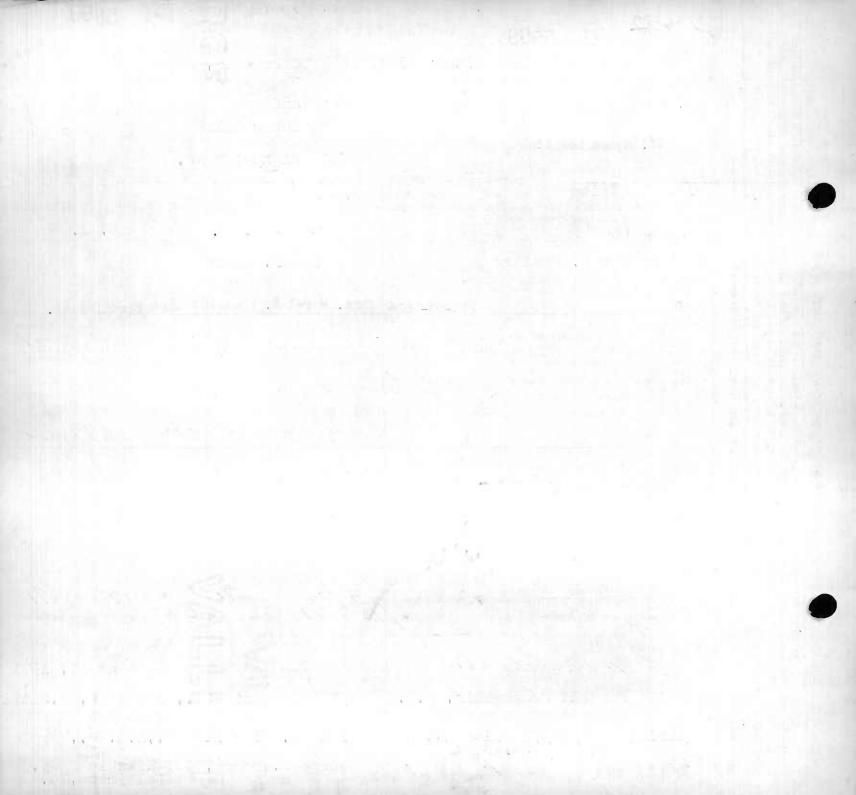
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BIRT	034	BALTIMORE CITY	TILALITI DEL AKTIMENT	Pm.s	4 ==00
DIKI	-200 71 5898	CERTIFICA	TE OF DEATH	REG. NO.	1 5898
	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Тур	JOSEPH	COOK	JUN	E 1.8,1.971	1 I M
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE (Where		titution: residence before admission)
			Maryland		15/15
HO	L NAME OF (IF NOT IN HOSPITAL OR I SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	To thiste	DE CITY LIMITS?
N S	TUTION			D. INSIL	YES NO
/	1)		Baltimore E. STREET AND NUMBER		YES NO
0	O1.01.5 Church St.		1.01.5 Church S	+	
-	1/ DACE 17			AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Bel	7 - 1471 - 4 -	RIED NEVER MARRIED	lost	birthdoy)	Months Doys Hours Min.
		WED A DIVORCED	Mar. 17,1898	()	
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even il retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
		Retired	Poland		Poland
	ATHER'S NAME	rie off or	14. MOTHER'S MAIDEN NAME		2020220
	William Kruk		Anna Pulas	le å	
_		11 4		VT.	ADDRESS
es. V	Vos Deceased Ever in U.S. Armed Forces? no or unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		7643 Marcy C
	No	21.5 1.0 9466	Mrs. Geraldin	e Makaro	
Т	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASES OR CONDITIONS, if any, grise In the above cause (A) stating UNDERLYING CONDITION last.	the	A CONSEQUENCE OF:		V
	ONDERENING CONDITION 1831.	(C)			
7	11				
NOIL	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	IING			
4	0 THER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IING INAL	JOAA ALIXODEKZ (Vo. a. Na) (OR IE VEC WEDE E	INDINGS CONSIDERED
4	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM	TING INAL FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB, IF YES, WERE FI	INDINGS CONSIDERED
EKIIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	100		
AL CEKIIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 1974. DATE OF OPERATION [198. CONDITION]	TING INAL FOR WHICH OPERATION	n or obout 21 C. WHERE DID		INDINGS CONSIDERED ISES OF DEATH? City, give exoct locotion
DICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nohify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	
DICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	
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MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (I) (this hospital) otten that (I) (we) lost sow the deceosed alive and hour and fram the causes stated obout 33A. FIGNATURE 23C. PHYSICIAN'S NAME (Type) Sidney R. Ge BURIAL CREMATION, 24B. DATE	TING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., inhome, lorm, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceosed fram on. Ve. (I) (We) (did) (did not) v The Green Physical Control of C	21F. HOW DID INJUR 22F. H	to to tin (my) (our) opin	23B. DATE SIGNED Baltimore, Md. y, town, or county) (Stote)
WEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (I) (this hospital) otten that (I) (we) lost sow the deceased alive and hour and fram the causes stated about 3AA. EIGNATURE 23C. PHYSICIAN'S NAME (Type) Sidney R. Ge BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., inhome, lorm, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceosed fram eve. (1) (We) (did) (did not) verification. Attended the deceosed fram eve. (1) (We) (did) (did not) verification.	21F. HOW DID INJUR 22F. H	(If in Boltimore Y OCCUR? To to in (my) (our) opin Son Ave . ATION (Cir.	City, give exoct locotion) 19 23B. DATE SIGNED Baltimore, Md., (Stote) y, town, or county) (Stote)
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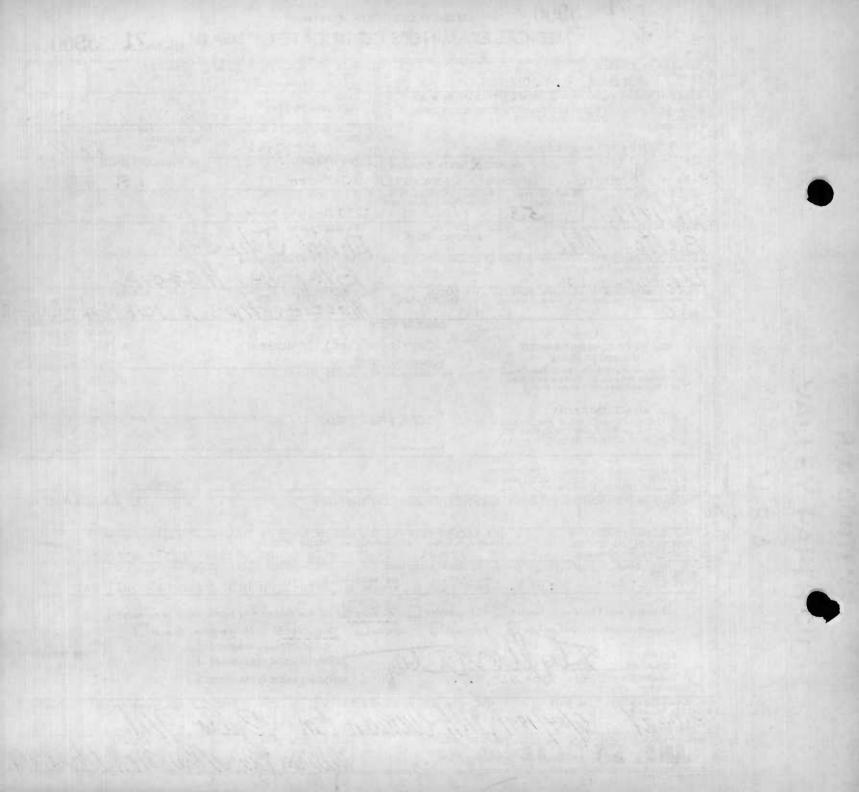


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



1	= 77	71	5900		BALTIMORE CITY HE							
BIRTH	NC NC		MED	ICAL E	XAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	71	5900	
1. NA ME OF DECEASED (Type or Print) GEORGE E. JOHNSON							Knawn Estimated	Manth	Day	Year	Hour	
	CE IN BAL	TIMORE, MA	ARYLAND, Y	HERE PRON	OUNCED DEAD	3. DATE	JNCED DEAD	Month	Day	Yeor	Hour	<u>M.</u>
HOSPIT	AME OF	ADDR	ESS OR LOCA	ION)	TION, GIVE STREET	5. USUAL RI	ESIDENCE (When				9:15 before odmi	
00	1220		Avenu	1		A. STATE	Maryland		B. COUNTY	/	170	3
6. SEX		7. RACE			NEVER MARRIED	C. CITY OR			D. INSIDE C			
Mal	E OF BIRTH	Negr	10.AGE (In	WIDOWED	Under 1 Yr. If Under 24 Hrs.	Balti	MOTE NUMBER		Y	ES 🔀	NO L	
17/1	12/10	117	lost birthdo	- Moi	nths Doys Hours Min.							
I L/ BIRT	THPLACE (S	tole or farely	gn country)	12.	CITIZEN OF	13. FATHER	rgyle Ave	nue				
B	æ/to	. //	Md.		WHAT COUNTRY?	FAV	in 10	hNas	ON			
I 4A, USL	UAL OCCUI	PATION (GR	ve kind of work ven Il retired)	148. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NA	ME /	/			
40	NOSho	ne m	aN				anche	H	2881	i de		
I6. WA	or unknown)	D EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORM		/	O A	DDRESS	1 11	-
119.	VO				0.41155 0.5 0.5	1///	218 Ud	7N30	10 10	16 Po	phrki	HOVE
1 2	1-7	68	X		CAUSE OF DEA					BET	VEEN ONSET A	ND DEATH
		EADING TO	DITION DIRECT	CTLY			Injuries					
3	This does no	l meon lhe	mode of dy	ing, e.g.,	(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:					
i	nury or com	plicotion whi	ch coused dec	th.)								
	ANTECEDENT CAUSES (e)											
D R	DISEASES C	R CONDITI	ONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSEC	UENCE OF:					
	JNDERLYIN	G CONDIT	ION LAST.		(c)							
인 1	O THE DEA	TH BUT NOT	RELATED TO	ONTRIBUTINO								
20A	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)-	WHICH OPERATION W	AS PERFORM	FD			21 AUTO	PSY? (Yes o	ve No
8 7					WINCH OF EKAHON W	AS TEXTORM				21. AUTC		1110)
22A.		IAL CAUSE		22B.	PLACE OF INJURY(e.g., e, lorm, lociory, street, oilid	in or obout 2:	C. WHERE DID	(Il in Boltimo	re City, give exc	oct locotion)	yes	
品 UTI	ING CAL	SE OF DEA		nom	Street	e bidg., etc.) ir	In front	of 917	Argyle	Avenu	e 176	23
OF	INJURY		Doy) (Year		22E.INJURY OCCURRED	2	F. HOW DID IN					
(AP	PROX.) 6-	18-71	10:30) A. m.	WHILE AT NOT	WHILE S	truck on	head w	ith base	eball	bat	
23.	[cert]	fy that I h	eld on la	nquiry 🗌	Inspection Au	topsy 🗴	ond that on t	hle haete	death in my	aninian		
			lotural cau	-43	coldent Suicid				ned manner			
		-	+1	11.			HIEF MEDICAL E					
	ACTUAL	RE	Ly	WW	VILLAR	ASSIS	TANT MEDICAL	XAMINER			DATE SIGN	NED
	EXAMINE NAME (T)	R's Pe	ter I	skovic,	M.D.	ASSO	CIATE MEDICAL E	XAMINER	E .	6/	19/71	
REMOV	JRIAL CREN	ATION, 2	24B. DATE	2.	C NAME of CEMETERY	OF CREMATO	RY 24D.	LOCATION	(City, town	or county)	(Stol	ie)
Ph	vria		6/24/	197/	11/2/11/11	con a	m- 1	alle	+ 4/1	a.		
25A. DA	ATE REC'D'	BYHEALTH	PEPI		OF REGISTRAR	25C. F	UNERAL DIRECT	PR .	11/ A	DDRESS	11	1
VS 151 5	in a	L Mell	Ulabers	in Vaces	eng M.D.	Mel	GLANCES THE	MISAL	Harles	1911-1	Mora	0181



BALTIMORE CITY HEALTH DEPARTMENT

W -45	A MEI	DICAL E	XAMINER'S	CERTIFICATE O	F DEATH,	71 EG. NO	5901			
1. NAME OF DI (Type or Print)	CEASED MATTIE	E. WILL	IAMS/Wide May	DATE Known	Month June	Doy 17,	Yeor Hour			
4. PLACE IN BA	ALTIMORE, MARYLAND,			DEATH Estimoted L. 3. DATE	Month	Doy	Yeor Hour			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET	PRONOUNCED DEAD 5. USUAL RESIDENCE (Whe	June	17,	1971 7:10 A.			
00.	14 S. Frem	ont Ave	nue	A. STATE Marylan	B. C	OUNTY	1803			
6. SEX	7. RACE	NEVER MARRIED	C. CITY OR TOWN	D. I	NSIDE CITY	LIMITS?				
Female Negro WIDOWED DIVORCED				Baltimo E. STREET AND NUMBER	re	YES	X NO .			
Sout.	9. DATE OF BIRTH SOUT 26, 1936 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.				remont Ave	enue				
11. BIRTHPLACE	(State or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13. EATHER'S NAME	4.1	(1)				
			BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDENN	AME JOURNE	10				
done duping most o	fworking life even if retired)			Pranione	Steve	BON				
	SED EVER IN U.S. ARME		17. SOCIAL SECURITY NO.	18. INFORMANT	40101	ADI	DRESS			
No	TINGET YES, GIVE WOT OF GOIES	or service)	JECOKIII IVO.	Ider/lae///a	Ser 1611	14.11	upenny ST			
19.30	3 / 1		CAUSE OF DEA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEA	SE OR CONDITION DIR	ECTLY		Acute ethylism	1					
(This does	(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:									
heort foilu	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)									
	ANITECEDENT CALISES		(-)							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) DUE TO, OR AS A CONSEQUENCE OF:									
I UNDERLY	ING CONDITION LAST.	AIING IHE	(c)							
2	II.		(\/							
O THE D	NIFICANT CONDITIONS C EATH BUT NOT RELATED TO DR CONDITION GIVEN IN	THE TERMINA								
20A. DATE			R WHICH OPERATION W	AS PERFORMED			21. AUTOPSY? (Yes or No)			
0 2							:Yes			
UNDERLYIN	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	22B hon	PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout 22C. WHERE DID to bldg., etc.) INJURY OCCUR?	(If in Boltimore Cit	y, give exoct	locotion)			
∑ 22D. TIME OF INJURY		or) (Hour)	22E.INJURY OCCURRED	22F. HOW DID I	NJURY OCCUR?					
(APPROX.)		m.		WHILE U		300				
23.	rtify that I held on	Inquiry	Inspection Au	topsy Ond that on	this bosis, deo	th in my a	-1-1			
	ilted from: Notural ca				Undetermined		l			
1650	7/	7	D 2	CHIEF MEDICAL		monner				
ACTUA		= . L. &	Laringal	ASSISTANT MEDICA	LEXAMINER X		DATE SIGNED			
SIGNA		S Spri	ngate, M.D.	ASSOCIATE MEDICA	L EXAMINER	Trre	ne 17, 1971			
NAME	(Type)			// corrections	LOCATION					
24A. BURIAL CR REMOVAL (Spe		11/1	45 NAME OF CEMETERY	or CREMATORY 241	CATION	15/1/	or county) (State)			
	Same QXX	11-1	11/ + 1111/10	MI CLINE	regge,	TAK				
254	ON HEALTH DEPT	SE NAM	E OF REGISTRAR	25C FUNERAL DIREC	JOR ALL	AD Q IA	DRESS / / / / / / / / / / / / / / / / / /			

7/9/71 - Letter from M.E.O.

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



Inspection X Autopsy

24C. NAME of CEMETERY or CREMATORY

Suicide

Homicide ...

25C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER X

24D/LOCATION

ASSISTANT MEDICAL EXAMINER

Accident

ond that on this basis, deoth in my opinion

Undetermined monner

DATE SIGNED

(Stote)

6/19/71

(City, town, or county)

ADDRESS

23.

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/68

SIGNATURE_ EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPL

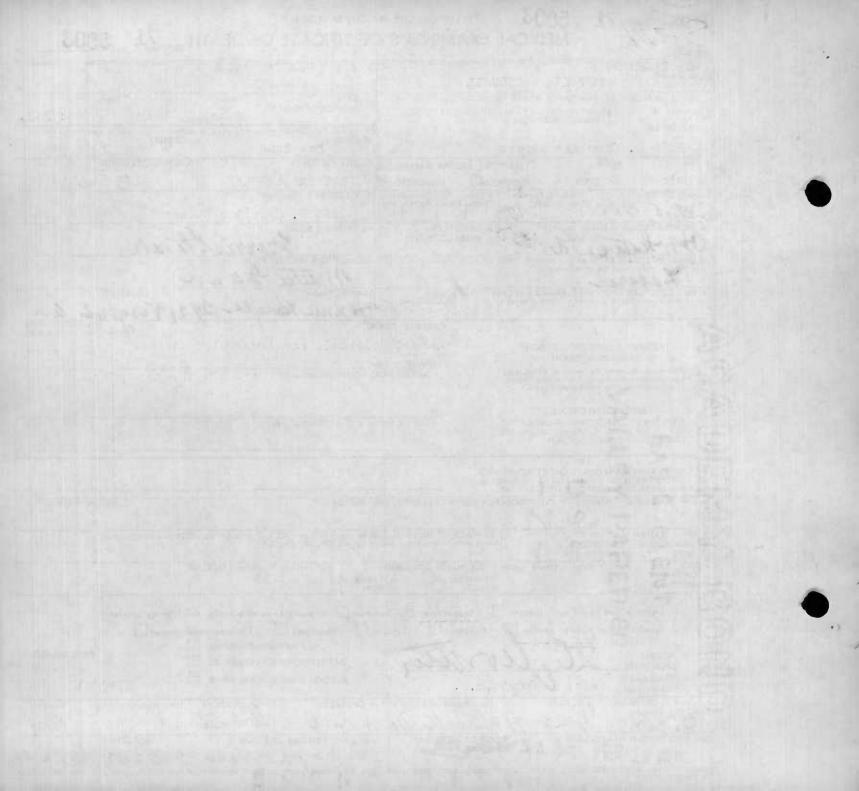
I certify that I held an Inquiry

248. DATE

Peter Lipkovic, M.D.

25B, HAME OF

resulted from: Noturol couses X



H-630 71 5904 BALTIMORE CIT	Y HEALTH DEPARTMENT REG. NO. 71 5904
BIRTH NO.	ATE OF DEATH
1. NAME OF DECEASED (Type or Print) Jane Hutt	June 16 1971 17.50 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND /0.2
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Johns Hopkins Hospital	BALTIMORE YES NO
9	503 S. LINWOOD AVE.
FEMALE WHITE WIDOWED DIVORCED	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if refired)	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewite	VIRGINIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rufus Dodson	GRACE TANNER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B Collington Auc
10	LEROY MARCIN BALTIMORE, Md 212
18. 14 6 0 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acres 4 . 12/1.
(ANIMMEDIATE CA	USE ASPILOTEON Preymonition to day
heart failure, asthenia, etc. It meons the disease,	A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF
ise to the above cause IA) stating the UNDERLYING CONDITION last.	yoma of 15 Tansil I year
(4)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Jailin
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	344136
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? IVes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH?
51002011 CH & 10M21F	Y BS IN CERTIFIED CAUSES OF DEATH
OR CONTRIBUTION CALLER OF	in or about 21°C. WHERE DID (It in Baltimore City, give exact location) office bldg. INJURY OCCUR?
DEATH (notify medical examiner)	
21D.TIME IMonth) IDoy) IYear (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJUST IAPPROX.) While At Not Whi At Work At Work	ile C
	20 11 /2 21/2
that (1) (we) last sow the deceased alive an 60 6 7 1	
	, (os, spinor section of the section
and hour and fram the causes stated above. (1) (We) (did nat)	
4010000	ending Med. Stoff D 23R DATE SIGNED
DEGREE Phy	ys. Director Phys. L.
PATE TYPE	23D. ADDRESS
John W. Baku MD DEGREE	Lown ? Hob roms Haz Ping
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	LEASTORY 24D. LOCATION (City, town, or county) (State)
BURIAL 6-20-1971 NOULM C	emeTery NOUUM, UA.
25A, DATE REC'D BY HEALTH DEPT. 25B HANGE OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUN 22 B/I Vapas -	Glore EUNERAL Home Culpeper, UA

5904

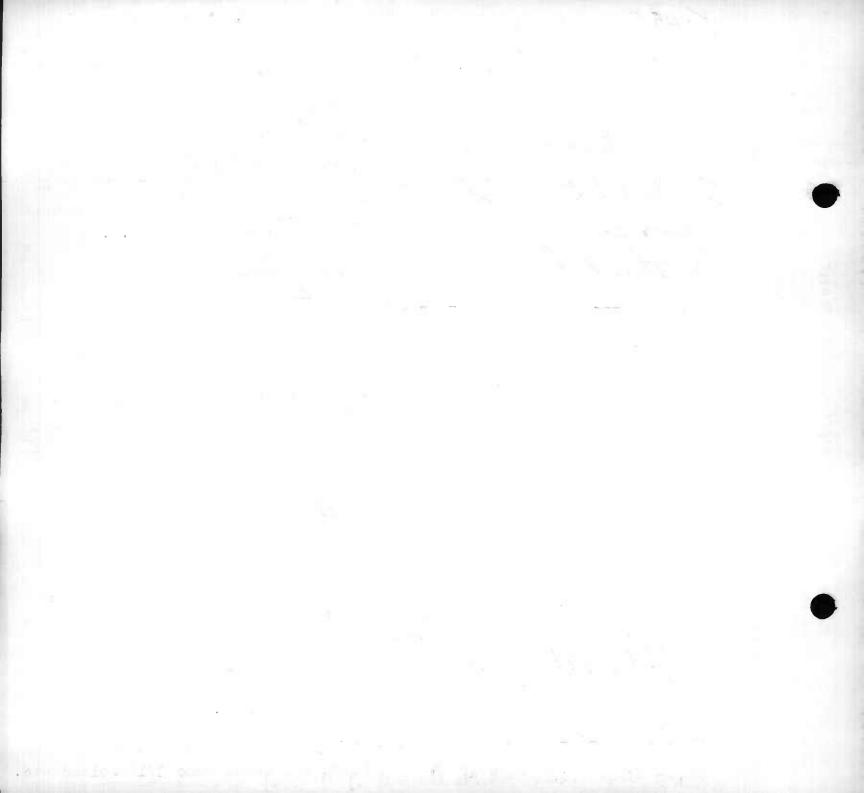
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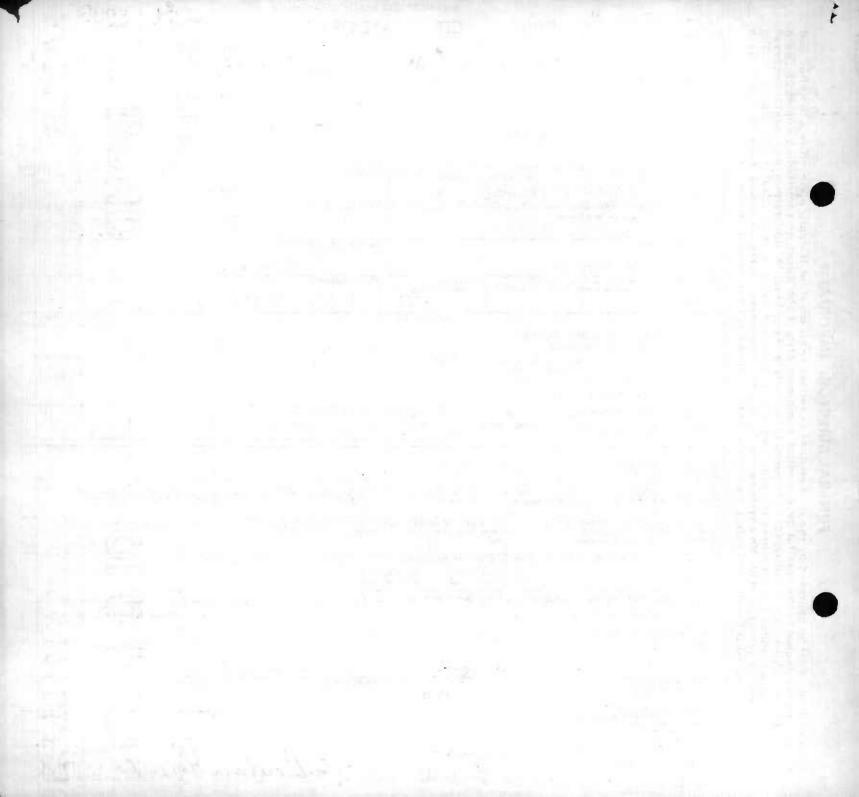
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



BALTIMORE CITY	HEALTH DEPARTMENT	5006
D-653 71 5996 CERTIFICA	TE OF DEATH X, REG. NO. 71	2900
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
1Type or Print MEREDITH W. BRYANT	JUNE 15 1971	18:13 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institutions A. STATE B. COUNTY	residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	Mp. Caroline c.city or town D. INSIDE CITY	5601
3JOHNS HOPKINS HOSPITAL	C-REENS BORO YES] No ⊠
	TAYLORS TRAILER PAI	ek
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Un lost birthdoy) Menth	der 1 Yr. If Under 24 Hrs.
M CAUCASIAN WIDOWED DIVORCED	8/15/01 -74 69	S DOYS MOONS WHILE
10A USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	North Caroline	U.S.A.
Retired Cook Tug Boat	14. MOTHER'S MAIDEN NAME	U.S.A.
Rufus Bryant	No Record	
(Yos, no or unknown) Ut yos, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
Yes WW 1 224-16-5510	Milderd Hamilton Denton.	Maryland
18. 2-30.91 CAUSE OF DEATH	1	APPROXIMATE INTERVAL
DISEASE OF CONDITION DISECTIVE	A	BETWEEN ONSET AND DEATH
LEADING TO DEATH	SE Cardiopulmman Alkest	
iThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	SE Cardispulmonay Aerest	
injury or complication which caused death.)		
ANTECEDENT CAUSES 2 40	A spiration of blood EANTOCID	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	? A spiration of blood FANTOCIO, A CONSEQUENCE OF: from GI mant	
I like to the above cause (A) station the	re esophagitis	Years
UNDERLYING CONDITION last. (C) 20031	C Contraction .	100
Z and control of the	U	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING HO COLLABORY	asala accident, ASCUD	Yeas
SISEASE OR CONDITION GIVEN IN PART 1 (A).	[20A AUTOPST] (Yes or No) 20B, IF YES, WERE FINDING	S CONSIDERED
E36/1/71 WAS PERFORMED Catalact Central	IN CERTIFYING CAUSES O	F DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, form, foctory, street, off	n or obout 21 C. WHERE DID (If In Boltimore City, gifice bidge INJURY OCCUR?	lve exact location)
DEATH inolify medical examined etc.)		
O 21D-YIME (Month) I Day) (Year) (House 216 IN 1118Y OCCUPATED	21F. HOW DID INJURY OCCUR!	
While AI TO Not While	·	
WORK - AT WORK	W/12 1 10 7/ on Tune	75 :- 37
22. I certify that (1) (this hospital) attended the deceased from	7/	15 19 2/
that (1) (we) last saw the deceased alive an June 15	and that in (pry) (our) opinion de	eath accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) vi	iew the bady after death.	
23A, SIGNATURE M.D. M.D.	The second secon	ATE SIGNED
Lobert A- Aller DEGREE Phys	nding Med. Staff A	ne 15,197
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	,
ROBERT A. ADLER M.D. DEGREE	JOHNS HOPKINS HOP THE	
24A. BURIAL CREMATION, 24E. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town	, or county) (State)
Burial 6-19-71 Greensboro	Changhana	malin - 117
25A. DATE REC'D BY HEALTH PIPTA A 1888, HAMBOF, RICHARD	Greensboro, Ca	roline Md.
11N 92 197 UNG	Y. E. B	Oma mid
VS 150-REV, 1/1/68	JAY LIVERANT METERS	word, nec



DIRECTOR:

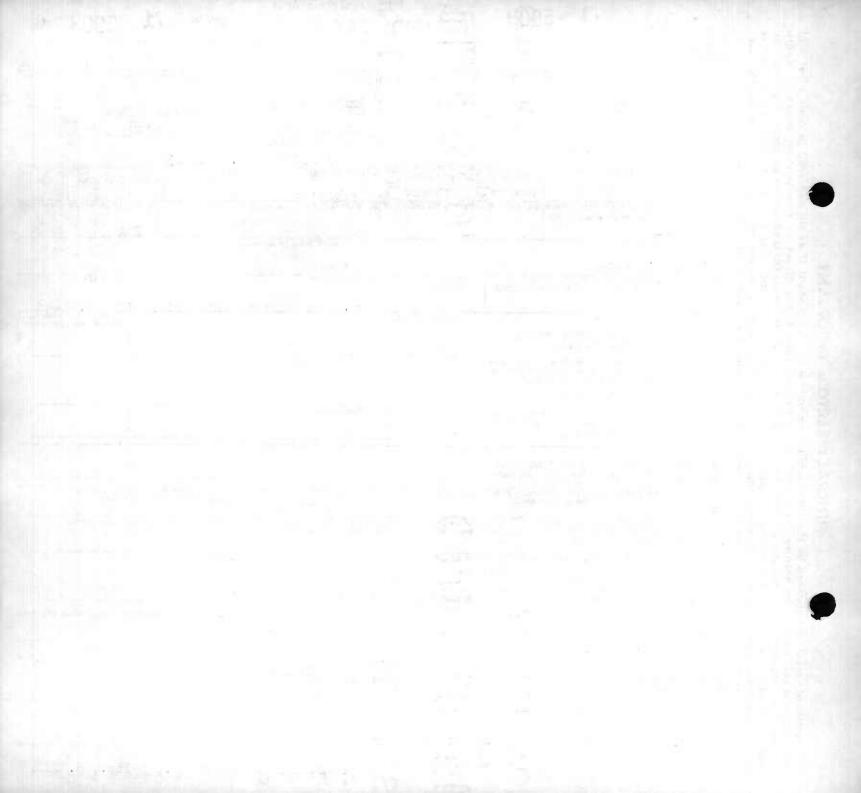
FUNERAL

FUNERAL DIRECTOR: IMPORTANT

S-2(1)71 5908	BALTIMORE CIT	Y HEALTH DEPARTMENT	11	- 1
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 5908
(Type or Print)			D HOUR OF DEATH	
SEGRO, ANGELA		6 2	21 71	1 6:20 AM
THE POLICY OF THE NOTIFICATION OF THE POLICY	MENDED	4. USUAL RESIDENCE (When A. STATE B. COUN B. COUN C. CITY OR TOWN	BALTIMORE	itution; residence before admission
ST AGNES HOSPITAL	6-28-71	BALTIMORE		CITY LIMITS?
BALTO., MD. 21229		E. STREET AND NUMBER		YES NO XX
		6115 BURNT	OAK RD-	
S. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years	It Under 1 Yr., It Under 24 Hr. Months; Doys Hours; Min.
FEMALE WHITE WID	OWED DIVORCED	10/2/00	71	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, K)	NO OF BUSINESS OR INDUSTRY	11. BIRTHI LA CE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired) HOUS EWIFE		NEW YORK		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	USA
JOSEPH LE MOLE				
IS Was Decread Early II C. A. L.C.	16 605111	(SANTANGE	LO)	
(Yes, no or unknown) (If yes, give wor or doles of se	ricel SECURITY NO.	17. INFORMANT		ADDRESS
	059 24 1771	ST AGNES HO	SP. BALTO	MD 21220
18.	CAUSE OF DEAT	H	DALIU	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL	ISE NewhowI	A	4 days
hearl foilure, asthenia, etc. It means the dis	seose.	A CONSEQUENCE OF:	************	***************************************
injury or complication which caused deoth.		\ A		
ANTECEDENT CAUSES	(8)), A.		3 month
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling	giving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost	(C)			
11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM TO DISEASE OR CONDITION GIVEN IN PART 1 (A)	ring			

	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINI	DINGS CONSIDERED
		NO	IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If to Boltimore C	ity, give exact location)
OF INJURY (Month) (Doy) (Yeoi) (Hour)		21F. HOW DID INJU	RY OCCUR?	
(APPROXI	While At Work Not While	· 🗆		
22. I certify that () (this haspital) atten			71 to 6	21 10 71
that XX (we) last saw the deceased alive				
and haur and fram the causes stated aba		IYand the	In (Anaji) (our) opinio	n death accurred on the date
23A, SIGNATURE	ve. (1) (We) (did) (&\d\ f\of) 41	lew the body after death.		
The state of	MJ Alter	nding Med. T	1 '	B. DATE SIGNED
20 Parties of the same of the	OEGREE Phys.	Iding Med. S	taff hys.	fue 21
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	11.	
CARLOS V. KOZENB	0 W DEGREE	St. Agues	HAL	/
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	own, or county) (Stote)
	Maryrest Cemete	ery	arlington, Ne	ew Jersey
25A. DATE REC'D BY HEALTH DEPT 258 NA	AE OF DE STRAR	25C. FUNERAL DIRECTOR	irmont, New	
Burial 6/24/71 25A. DATE REC'D BY HEALTH DEPT. 255 NA	Dear The Co	WITEKE 188	O FAMALING.	CATONSVILLE
75 115 LEVE 1/68		WY I AN I AND	- LDMONUSON	MARYLAND

LNAME	521	71 59	903	CERTIFICA	ATE OF DEAT	H REG. NO	71	5999
Type or	Print) SE	VGFELI	ER,	ELIZABE	TH 20	TE AND HOUR OF DEAT	77119	7.45 P
3. PLACE	E IN BALTIMORE	MARYLAND, WH	ERE PRONOL	NCED DEAD	A STATE B.	IWhere deceased lived. If	institution: rasid	lence before admission
FULL NA HOSPITA INSTITUT	TION		9.	TION, GIVE STREET	2602 Maryls C.CITY OR TOWN Baltimore	D. In	VES X	NO [
21m	A1 Hos	PITAL O	E RY	LT IMORE IN	H	n Ave 212		
S SEX	6. RACE	2	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	If Under 1 Months De	Yr. If Under 24 Hr. Hours Min.
	AL OCCUPATION		OB, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Side	r foreign country)	12. CITIZEN	OF WHAT COUNTE
				en so	Germany		USA	
3. FATH	ER'S NAME				14. MOTHER'S MAIDE	NAME		
Frai	nk Wilmeri	ng			Minna			
	Deceased Ever in U funknown)[0f yes,		187	16. SOCIAL	17. INFORMANT		A	DDRESS
Tes, no of	TURKNOWN][III yes, [ave war or dates	or service)	SECURITY NO.				03.000
110				CAUSE OF DEA		isson, 4631 Bi		PROXIMATE INTERVAL
18.	XUSA	1	400	CAUSE OF DEA				WEEN ONSET AND DEAT
		ONDITION DIRE 3 TO DEATH	CILY		use (gremic	a, onen	nia.	one mont
(This	s does not mean	the mode of d	lying, e.c.	(A) IMMEDIATE CA	S A CONSEQUENCE OF:	V Unen	,,,,,,	UTUL THOU
hear	rt failure, asthenia, ry or complication	etc. li means t	ne disease,	DUE 10, OR A	3 A CONSEQUENCE OF			
injur			red III.	00	11			2
		ENT CAUSES		(B) 1D	ultiple In	yeloma.		3448.
	EASES OR CON			DUE TO, OR A	S A CONSEQUENCE OF:	V		
	DERLYING COND		manny ma	(c)				
		m		V				
OTHE	ER SIGNIFICANT CO	NOTIONS CON	TRIBUTING					
A DISE	THE DEATH BUT NO	TRELATED TO THE	TERMINAL	***************************************				***************************************
	DATE OF OPERATI		TION FOR V	VHICH OPERATION	20A AUTOPSYR (Yes	or No. 208, IF YES, WER	E FINDINGS CO CAUSES OF DE	ONSIDERED ATH?
71 714	ACCIDENT WAS CONTRIBUTING	UNDERLYING CAUSE OF examined	21 B. hom etc.)	PLACE OF INJURY (e.g., farm, factory, street,	in or about 21C, WHERE Collice bidg, INJURY OCC	OID (If In Boltin	nore City, give e	exoct location)
100 6		(Doy) (Year)		INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR		
100 6	TIME (Month)	15011 11600						
OR CODEAT	TIME (Month) NJURY PROX.)	(DO)) (1800	Whi	le At Not Wi	hile 🔲			
OR CODEAT	NJURY PROX.)		Wor		k 🗆	1071		1400 31
OR CO DEAT	NJURY PROX.) I certify that (4),	(this hospital)	attended ti	e deceased from	LH May	19]10		Inne 1971
OR CODEAT	NJURY PROX.) I certify that (1) (1) (we) last say	(this hospital)	attended the	20th In	1971 0	nd that in (max) (our) o		
OR CODEAT	NJURY PROX.) I certify that (1) (1) (we) last say	(this hospital)	attended the	20th In	LH May	nd that in (max) (our) o		
21D. OF III (APP) 22. I that	NJURY PROX.) I certify that (1) (1) (we) last say	(this hospital)	attended the	20 th Tw 2 (We) (did) (did not)	ne 1971 a	nd that in (my) (our) o	pinion death	occurred on the do
OF III (APP) 22. I that and	NJURY PROX.) I certify that (1) (1), (we) last say hour and from th	(this hospital) w the deceased be causes state	attended the	2 oth Tw 2 oth Tw 2 (We) (did) (did not)	ne 1971 a	nd that in (max) (our) o	pinion death	occurred an the do
OR CODEAN OF III (APP) 22. I that	I certify that (1). (t) (we) last say hour and fram th SIGNATURE	(this hospital)	attended the	e deceased from 20 th TN	ne 1971 a	nd that in (max) (our) o eath. Shaff M	238, DATE	occurred on the do
OR CODEAN OF III (APP) 22. I that	NJURY PROX.) I certify that (1), (1), (we) last say hour and from the SIGNATURE	(this hospital) w the deceased be causes state	attended the	e deceased from g	view the body after detending Med. Director 23D. ADDRESS	nd that in (max) (our) o eath. Shaff M	238, DATE	occurred on the do
OR CODEAT	I certify that (1). I (we) last say hour and fram the SIGNATURE PHYSICIAM'S NAME (Type)	(this hospital) w the deceased we causes state Rasag PRASA	attended the alive ond abave.	e deceased from Part of the Control	view the body after de thending Med. 23D. ADDRESS Sinai Hospit	and that in (max) (our) a path. Shaff Phys. M Beliedle	238, DATE: 200	occurred on the dosigned The Think 19 Balto Ind 2
OR CODEAN 21D. OF III (APP) 22. I that and 23A. 23G.	I certify that (1). (t) (we) last say hour and fram th SIGNATURE	(this hospital) w the deceased we causes state Rasag PRASA	attended the alive ond abave.	e deceased from grant A (We) (did) (did not) DEGREE PH	view the body after de thending Med. 23D. ADDRESS Sinai Hospit	and that in (max) (our) a path. Shaff M Phys. M Belieda	238, DATE	occurred on the dossigned The Think 19 Balto Ind 2
OR CODEAN OF IT (APP) 22. I that and 23A. 24A. BUI REA	I certify that (1) I (we) last say hour and from the SIGNATURE PHYSICIAN'S NAME (Type) RIAL CREMATION, MOVAL (Specify)	(this hospital) w the deceased we causes state Rasag PRASI	attended the alive ond abave. (\$	deceased from ge 20th I'm (We) (did) (did not) DEGREE MBS DEGREE DEGREE ME el CEMETERY of C	view the body after de thending Med. Director 23D. ADDRESS Sina; Hospitale REMATORY 22	ond that in (max) (our) of outh. Staff Phys. A, Behedo 40. Location Parkwood, Be	238, DATE: 200 MP Are. (City, town, or c	signed The 19 Bath Md2 County) (Stote)
OR CODEAN OF IN (APP) 22. I that and 23A. 23G. 24A. BUF	I certify that (1) (W) (we) last say hour and from the SIGNATURE PHYSICIAN'S NAME (Type) RIAL CREMATION.	(this hospital) w the deceased we causes state PRASA 2 PRASA 248. DATE 6/23/71	attended the alive ond abave. (\$	ME of CEMETERY of Corkwood Cemet.	view the body after de thending Med. Director 23D. ADDRESS Sina; Hospital REMATORY 2	ond that in (max) (our) of outh. Staff Phys. A, Behedo 40. Location Parkwood, Be	238, DATE: 200 MP Are. (City, town, or c	signed The 19 Balto Md 2 county) (Stote)



24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT. O

Burial

VS 151-REV. 1/1/68

24B. DATE

<	S-3/0 BALTIMORE CITY HEALTH DEPARTMENT AMEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIND 5910											
E#	RTH NC.		WEL	ICAL	. EXA	MINER'S	CER	TIFICATE	OF DEA	TH REG. NO),	2270
T.	NAME OF DEC	CEASED ARREN	F. :	STAPF				OF Estimot	O June		Yeor	Hour
4.	PLACE IN BAI				RONOUN	CED DEAD	-	EATH Estimot	Month		Yeor	Hour
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTION,	GIVE STREET		RONOUNCED DE	June	19, 197	1	12:00 A.
	1// 00	A CATE C	HOCDT	TAT			A. S	TATE		B. COUNTY	on: residenc	te before odmission)
6.	SEX SI.	AGNES 17. RACE	HUSPI.		urn (M) v	EVER MARRIED	C C	Maryla	ina	D. INSIDE C	CITY HAITS	5300
H	Male	White		WIDOV	-	DIVORCED		llicott Ci	±37			-36
9.	DATE OF BIRT		IIO. AGE (I	n veors	If Under	Yr. Il Under 24 Hrs.		TREET AND NUM			YES 📙	NO L
5	1/20/23		lost birthdo	48	Months :	oys Hours Min.		4 8 46 Bonni				
11.	BIRTHPLACE (S	tole or lorely	n country)	40	12. CITIZ	EN OF		ATHER'S NAME	eview or	•		
	Maryla	nd				COUNTRY?		Assessed	01. 0			
144	USUAL OCCU	PATION (Give	kind of work	148. KIND	OF BUSI	NESS OR INDUSTRY	Y 15.	August MOTHER'S MAIDE	N NAME			
don	e during most of w	orking ille, ev	en ir retired)					Mildre	d Becker			
16. (Ye	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17.	SOCIAL SECURITY NO.	1B. I	INFORMANT			ADDRESS	
y	s, no or unknown)	WW 2	2	01 301 1100	2	13-28-4021	1	Mrs. Mildr	ed Stanf	1,81,6 B	onnie	View Coour
	19.	24				CAUSE OF DEA				4040		APPROXIMATE INTERVAL
	DISEAS	E OR CONDI	TION DIRE	CTLY		Arterio	scle	erotic car	diovascu	lar dise		WEEN ONSEL AND DEAL
	Ame .	LEADING TO				(A)IMMEDIATE C	AUSE					
	heart follure	ol meon the , osthenio, etc.	It meons the	disease.		DUE TO, OR A	AS A C	ONSEQUENCE OF:				P***************************
	injury or con	plication which	h coused de	olh.)								
		NTECEDENT ((B)					100	
	RISE TO THE	ABOVE CAL	DNS, IF ANY	GIVING		DUE TO, OR	AS A	CONSEQUENCE OF	F:			
z	UNDERLYIN	G CONDITI	ON LAST.			(c)						
110			II		-							
CA	OTHER SIGN TO THE DEA	IFICANT CON	DITIONS CO	ONTRIBUT	ING						500	
E	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).								***************************************
CERTIFICATION	20A. DATE OF	OPERATION	20B. CON	MOITION	FOR WHIC	CH OPERATION WA	AS PEI	RFORMED			21. AUT	OPSY? (Yes or No)
	204											yes
MEDICAL	22A. EXTERI UNDERLYING UTING [] CAI		RIB-		22B. PLAC home, form	E OF INJURY (e.g., , loctory, street, office	In or o	obout 22C. WHERE	DID (II in Boltin CUR?	more City, give ex	oct location)
Σ		Month) (De) (Hour) 22E.IN	JURY OCCURRED	22F. HOW DID INJURY OCCUR?					
	(APPROX.)				m. WHILE	TON DOT	WHILE					
	23.				-							
		ify that I he		nquiry L	_ Ins	pectionAut	tapsy	and tha	t an this basi	s, death in my	aplnian	
	result	ed from: No	atural caus	SOF X	Accide	ent Sulcid		Homicide	Undeter	mined manner		
	ACTUAL		1	11,	NA	74.		CHIEF MED	ICAL EXAMINE	R 📙		DATE SIGNED
	SIGNATU	1,000	4/	11	YU	Men. M.O.		ASSISTANT MED	ICAL EXAMINE	R 📙		TAIL SIGNED
	EXAMINE NAME (T		tex L	ipkov	ic,M.	D.		ASSOCIATE MED	ICAL EXAMINE	R 🔀	6/	19/71

24C. NAME of CEMETERY OF CREMATORY

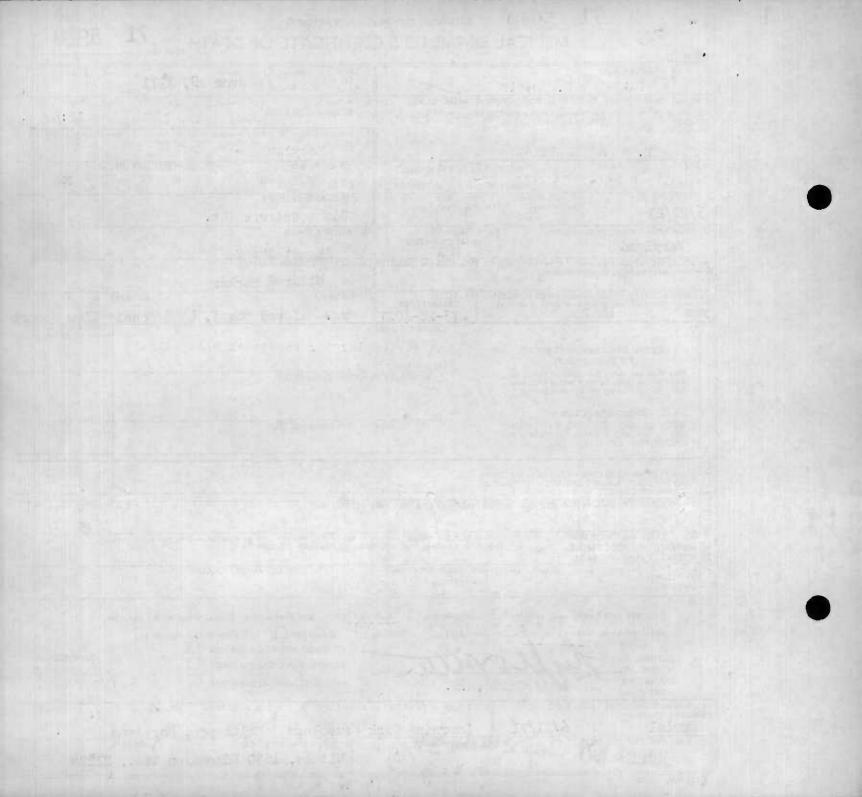
24D. LOCATION

Witzke, 1630 Edmondson Ave., 21228

Lorraine Park Mausoleum Baltimore, Maryland
25C. FUNERAL DIRECTOR ADDRESS

(City, town, or county)

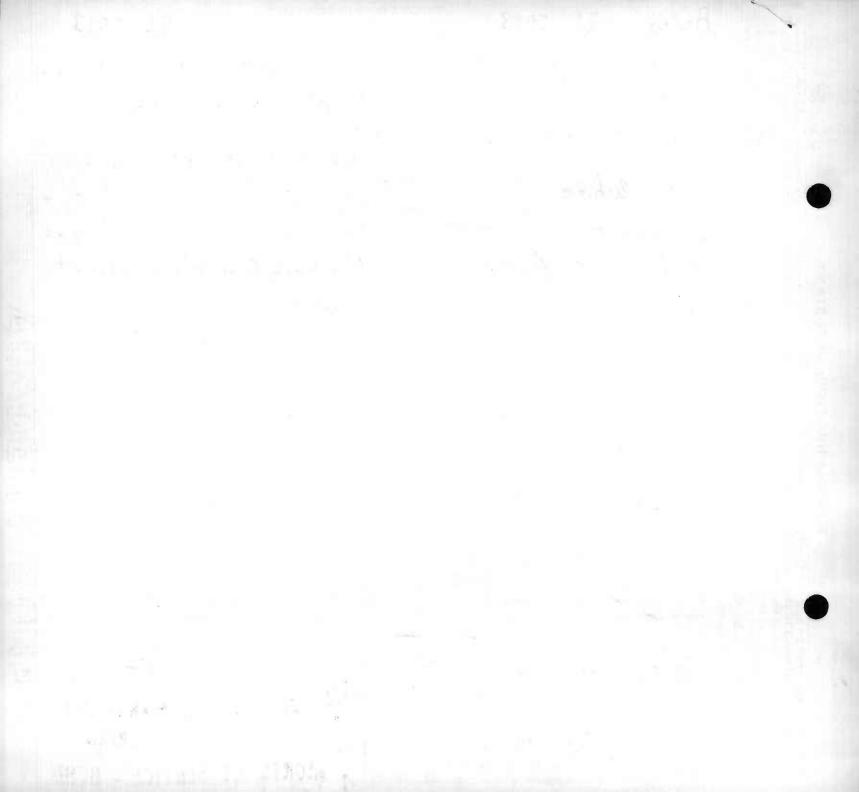
(Stote)



	BALTIMORE CITY	Y HEALTH DEPARTMENT	C.			
	BIRTH NO. 71-04612 5912 CERTIFICA	TE OF DEATH REG. NO. 71 5912				
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	Roll, Baby Girl.	10/13/190\ 1 A M 1	M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, II institution: residence bel	lore edmission)			
ade.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	5 90			
	Strai Mosp of Bultimore Ire.	E. STREET AND NUMBER				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH . 9. AGE (In Years I II Hodge) V. II	33			
E	Girl White WIDOWED DIVORCED	6/10/11 lost birthdoy) Months Days Hou	Under 24 His. urs Min.			
disposition is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WH	AT COUNTRY?			
osii	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
isp	Iran Benson, Roll	Arlene Ansell.				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Ilf yes, give war or dotes of sorvice) SECURITY NO.	17. INFORMANT ADDRESS				
final	(Tes, no or unknown) Ulf yes, give war or dotes of sorvice) SECURITY NO.	D D				
orf	18. CAUSE OF DEATH	H Brenner.	ATE INTERVAL			
pa	DISEASE OR CONDITION DIRECTLY	BETWEEN ONS	SET AND DEATH			
E	LEADING TO DEATH (This does not mean the made of dying, e.g.,	ise premoturity 5 d	lago			
balm	heori failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	A CONSTQUENCE OF:	U			
E e	ANTECEDENT CAUSES					
are		A CONSEQUENCE OF:				
	TINDER VINC CONDITION !					
	ONDERENING CONDITION (ast, (C)					
E 11	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),					
후	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	D			
peto	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If In Bollimore City, give exect location bidg., INJURY OCCUR?	on)			
ned	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?				
. <u>e</u>	While At Not While At Work	<u>'</u>				
opt	22. I certify that (I) (this hospital) attended the deceased from 6		10 2/			
pe	that (1) (we) last saw the deceased alive an Jame 13	19 7 and that in (my) (ear) apinian death accurred	an the date			
	and haur and from the causes stated above. (1) (We) (did) (did not) vi	lew the bady after death.				
must	23A. SIGNATURE	23B, DATE SIGNED				
0	23C. PHISICIAN'S Pare Phys.	nding Med. Stoff Director Phys. 2 6/13/11	1			
approval	23C. PHYSICIAN'S	3D. ADDRESS				
dd	24A. BURNAL CREMATION, 24B. NATE 24C. NAME OF CEMETERY OF CREM	ANTENNYPROARD OF MARYLAND				
2	PAA. BURIAL CREMATION, 24B. BATE 24C. NAME OF CEMETERY OF CREME	MATORY //24D. LOCATION (City, town, or county)	(Stotel			
1	SA DATE RICH NOVALLE	UNIVERSITY MEDICAL SCHOOL				
written	IN 22 1971 THE REAL PROPERTY AND THE PRO	25C. FUNERAL DIRECTOR ADDRESS				
I L	'S 150-REV. 1/1/68	14 MORIUAKY SERVICE - BC	1113			

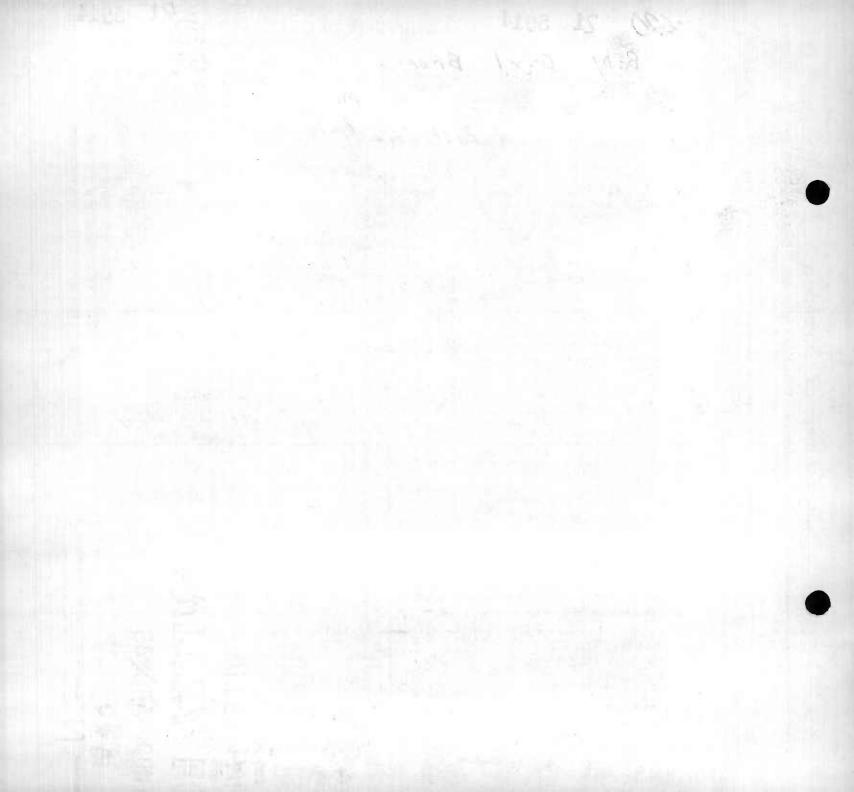
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	Q 2/// 71 5042	BALTIMORE CITY H	HEALTH DEPARTMENT	J	
	BIRTH NO. 7/-10166 5913	CERTIFICAT	E OF DEATH	REG. NO	5913 4
	Type of Print Baby how B	tlen	2. DATE AN	D HOUR OF DEATH	101-1
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (When A. STATE B. COUN	o deceased lived. If insti	tution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION)	- 11	11 ./ 1 /	Baltimor	CITY LIMITS?
	Sinai Hospital o	f Baltimon	Baltimor E. STREET AND NUMBER	12	ES NO
900	5. SEX 6. RACE 17. 44 A D D SE		4005 Tu	Rth St.	21225
	M White WIDOWEI	DIVORCED TO	6-5-71		Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND C	F BUSINESS OR INDUSTRY 11	1. BIRTHPLACE (State or fore	on country!	12. CITIZEN OF WHAT COUNTRY?
OSITION	13. FATHER'S NAME	11	Mary and	45	V. S. A.
dell	Robert B. Bot.	len	Kimberly C		enstreet
3	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor er dotes of service)	1 6. SOCIAL SECURITY NO.	INFORMANT		ADDRESS
	18.	CAUSE OF DEATH	+ospital	Chort	
	DISEASE OR CONDITION DIRECTLY	Prema	aturity -	-22 wee	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.	gestatio	71		
	heart lailure, asthenia, etc. It means the disease injury or camplication which caused death.)	,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving	(B) DUE TO, OR AS A		*****************	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.		CONSEQUENCE OF:		
	l II	(c)		******************************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	****			100
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	U 21A. ACCIDENT WAS UNDERLYING 211	B. PLACE OF INJURY le.g., in or me, form, foclory, street, office	1	(If In Baltimore C	ity, give exect location)
	DEATH (notify medical examined)	J			
	= IOF INJURY	L INJURY OCCURRED hile At Not While C	21f. HOW DID INJU	RY OCCUR?	
	22. I certify that (47 (this hospital) attended t	the deceased from 6	-5 19	2/_106	5 19 2/
	that (1) (see) last saw the deceased alive on		19	in (my) opinia	n death accurred an the date
	and hour and fram the causes stated above. (23A. SIGMATURE	1) (Me) (did) (did not) viev	w the bady after death.	123	R. DATE SIGNED
	Louise Lise	M D Attendia		toff hys.	5-11-21
	23C. PHYSICIAN'S NAME IType)		ADDRESS	1 / 0	2 11
2	24A. BURIAL CREMATION, 124B. DATE 124C. N	DEGREE	and the	PIER OF M	Mynone
	REMOVAL ISpecify	AME of CEMETERY OF CREMA	PHAN I O IT HOLDS	PREDECT P	own, or county) (Stoto)
2	25A. DATE RECO. BY HEALTH DIST. A 25E. NAME	OF REGISERAR	SEE AUNIEMAL BIRECTOR	MEDILAL	ADDRESS
	JUN 22 19/1 000012 6- 4000	7 0 0 0	MORTUA	RY SERVI	CE_BCHD



DIRECTOR:

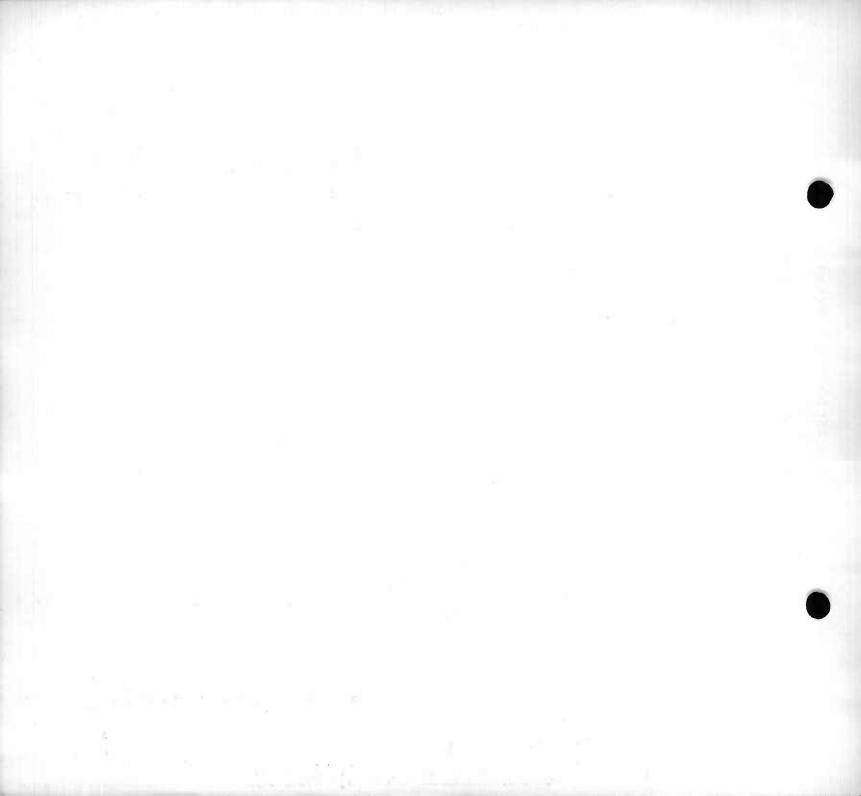
FUNERAL



	SAREL BALTIMORE C	CITY HEALTH DEPARTMENT
	STRTH NO. 71-0487,5915 CERTIFIC	CATE OF DEATH REG. No. 71 5915
10	Type or Print Fe Tus. Seibel Fempe	2. DATE AND HOUR OF DEATH JOME - 18 - 71 2.25 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution; residence belore admission) A. STATE B. COUNTY
111	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYAND DIAZI 530
- 1	CHURCH Home & Hospital	C. CITY OR TOWN. D. INSIDE CITY LIMITS? DA /+1 MORE YESID NO
	35 BALTO. MO 21231	E. STREET AND NUMBER
E	Female Widowed Divorced	Hour Dillingoy
Si L	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST one during most of working life, even if refined)	TRY 11. BIRTHPLACE (State or loseign country) 12. CITIZEN OF WHAT COUNTRY
<u>:</u>		BALTIMORE MARYLAND.
bos	Richard Seitel	14. MOTHER'S MAIDEN NAME
	5. Was Deceased Ever in U. S. Armed Forces? 11.6. SOCIAL	Vinginia green SFCLD
final	es, no or unknown! (If yes, give wor or doles of service! SECURITY NO.	WE THE WATER
or fi	18. CAUSE OF DE.	
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
palme	(This does not mean the made of dying, e.g.,	ASSA CONSEQUENCE OF: ARREST
	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	AND IS TO I
E	ANTECEDENT CAUSES	Abrity of Respiratory AS A CONSEQUENCE OF: CONTER
gre		
sui	UNDERLYING CONDITION last. (c) LVP	notinity of the Fitis
remains		ina. LASOR. 26 week Jost.
the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	21A ACCIDENT WAS UNDERLYINO 21B PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?
11.6	DEATH (notify medical examined etc.) 210-TIME (Month) (Doy) (Year) (Hour) 215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
btained	OF INJURY (APPROX.) While At Work At Wo	/hile 🗀
0	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 2.24 A.M.	110 41
ed to	and hour and fram the couses stated abave. (1) (We) (dld) (dld nat	the dole
must	23A. SIGNATURE	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	Affending Med. Shoff Director Director Phys. 5 6/18/7/
approval	HOSSEIN GOLPIRI	ANATOMY BOARD OF MARYLAND
2	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C	JURNS HE KINS MEDICAL SCHOOL (State)
written	SA. DATE REC'D BY HEALTH DEM. PESE NAME OF ACCUTANT	25C. FUNERAL DIRECTOR SERVICE - BCHDRESS

JUN 22 The Party Carrier VS 150-REV. 1/1/68

25C, FUNERAL DIRECTOR SERVICE



24C. NAME of CEMETERY or CREMATORY

Mt. Calvary

258. NAME OF REGISTRAR

ACTUAL

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 3/1/68

Burial

SIGNATURE

EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

248. DATE

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Law

25C. FUNERAL DIRECTOR

DATE SIGNED

(Stote)

6/20/71

(City, town, or county)

ADDRESS 4611 Park Heights Ave.

Baltimore, Maryland

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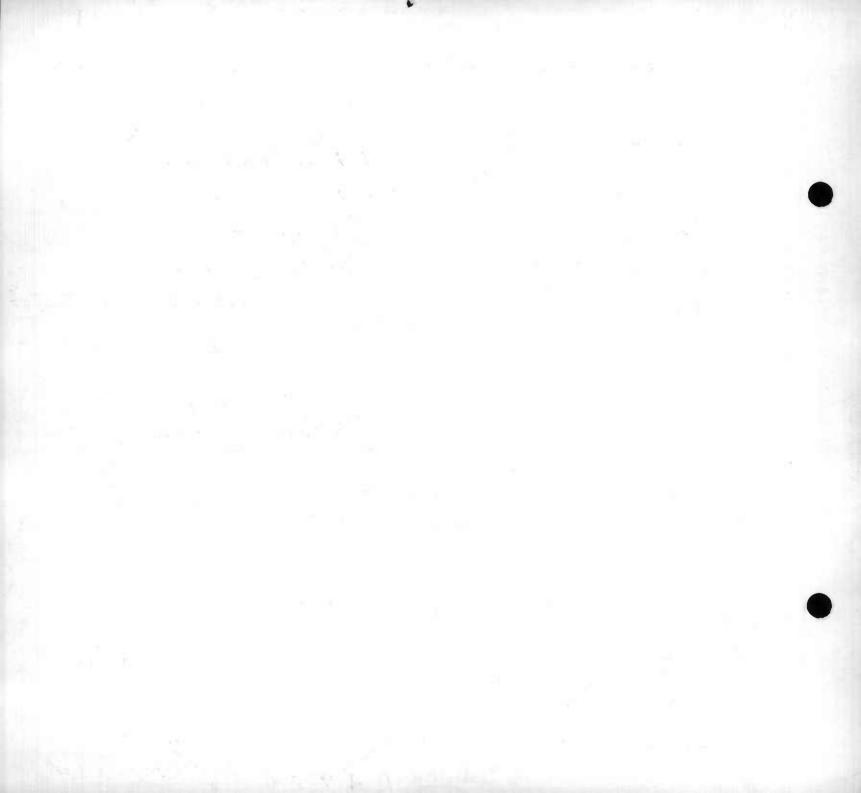
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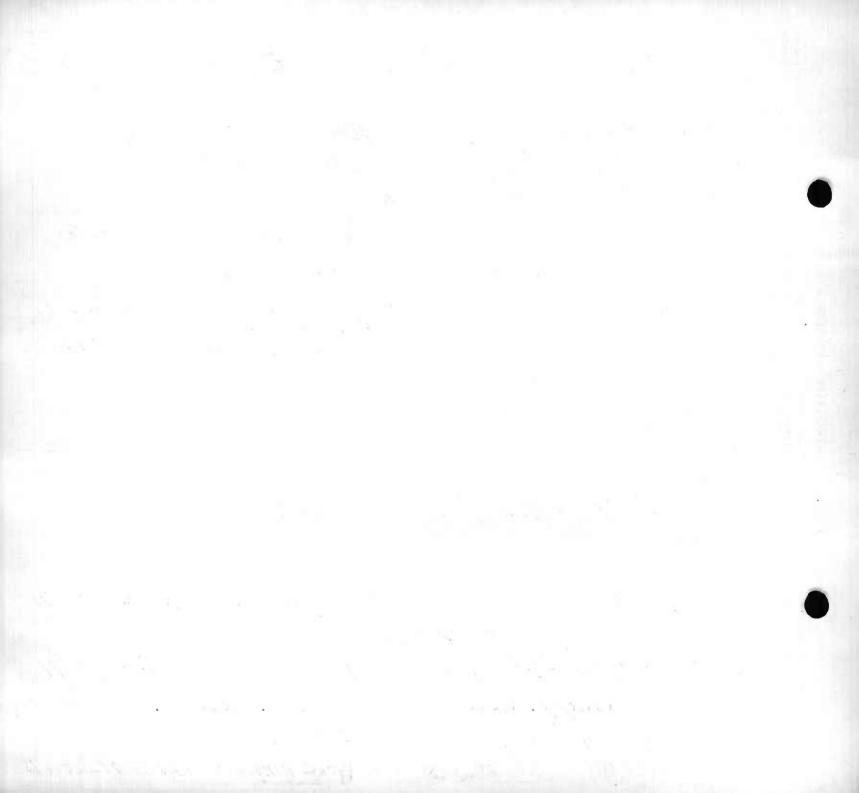
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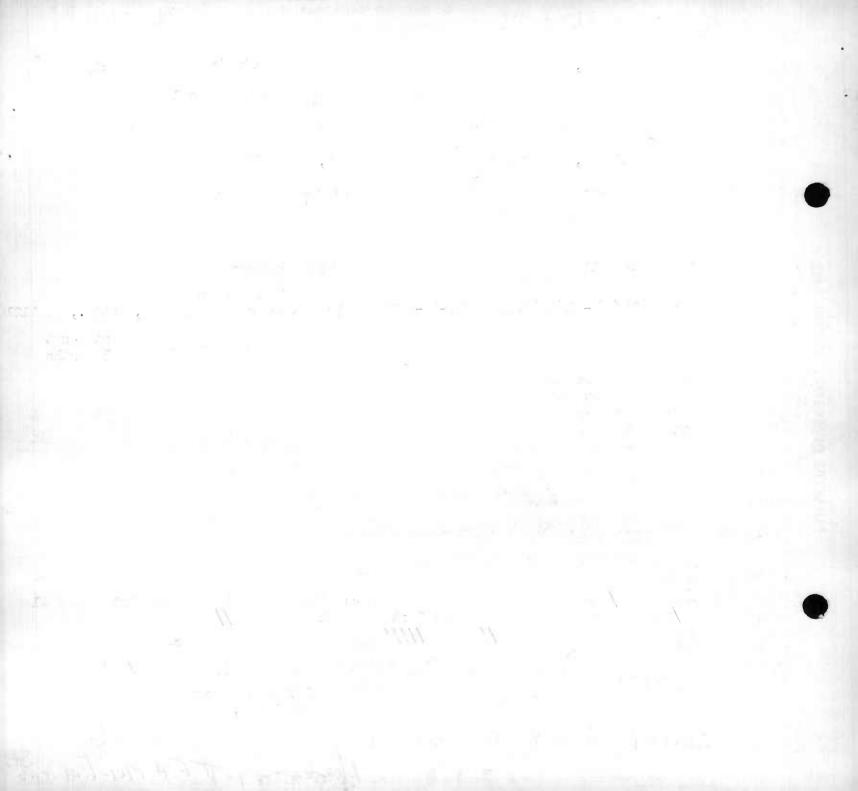
			BALTIMORE CI	TY HEALTH DEPARTMENT
RIDTI	H NO. 71	5918	CERTIFIC	ATE OF DEATH REG. NO. 74 5918
1. NA	ME OF DECE	~ ~ ~		2 DATE AND HOUR OF DEATH
(Туре	or Print	othy Willi	•	6/8/2/ 1 NOOD
3. PL	LACE IN BALTI	MORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission
HOS	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC.	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?
U	lnivers	ity Hosp	ital	E. STREET AND NUMBER
		'		121 N. Fremont Are
5. SE	F	B	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years 1
OA. L	JSUAL OCCUP	ATION (Give kind of work	IOB KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	Touses ATHER'S NAMI	repl		Farsetherille M. O.
6	ilex	! Rai	1	Auga MAR Charlet
S. W	as Deceased E	rer in U. S. Armed Fer f yes, give wor or date	ces? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	no		JECORIII NO.	Please Mae Willes 1814 n. Register D
11	8. 344	1211	CAUSE OF DEA	
		OR CONDITION DI	RECTLY	BETWEEN ONSET AND DEATH
C	This does not	mean the mode of	dying, e.g., (A) IMMEDIATE CA	
h	eart foilure, os	thenia, etc. II meons cation which caused	the diseose,	S A CONSEQUENCE OF:
	•	TECEDENT CAUSES		Come of Ula I carron 1/2 ha
		CONDITIONS, il	(8)	S A CONSEQUENCE OF:
n	se to the	abave cause (A)	siding ine	Pulmonay Emotorism 2+ hus
-	TADERETING	CONDITION TOST.	(c)	The state of the s
NO	THER SIGNIFIC	II ANT CONDITIONS COL	NTRIBUTING	
= 110	O THE DEATH	BUT NOT RELATED TO THE	IF TERMINAL	
9 119	A. DATE OF O	PERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21				100
. 0	R CONTRIBUTE EATH (notify m	WAS UNDERLYING DING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bidg., INJURY OCCUR? (If in Boltimore City, give exact facation)
21	D.TIME (A	Nonthi (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(A	PPROXI		While At Not Wh	
22	2. I certify th	at (1)(this haspital)	attended the deceased from	6 17 19 DI 10 6 18 19 3
th	ot (1) (we) lo	st saw the decease	d alive an (o 18	and that In(my) (aur) apinion death accurred on the date
			ed above. (1) (We) (did) (did nat)	() Intimy, tony abrunen accourse out the gold
23	A. SIGNATURE		(101)	238, DATE SIGNED
	Herd	en Chool		lending Med. Staff [(())
23	C. AHYSICIANTS	Jacon	DE GREE PA	ys.
	Steph	en over	uborl	
4A. 8	IURIAL CREMA REMOVAL (Spe	cify)	24C.NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (Stotel
5A. F	DATE REC'D RY	6/23/	258. NAME OF REGISTRAR	my ld. a Country Med,
	JUN	22 1971 (2		25C. FUNERAL DIRECTOR ADDRESS



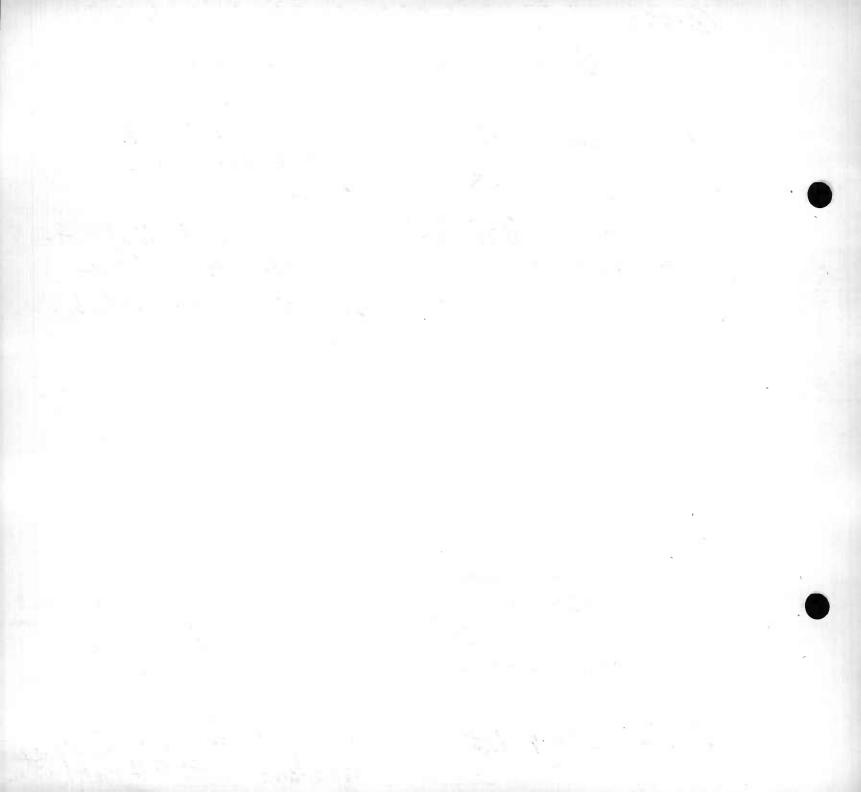


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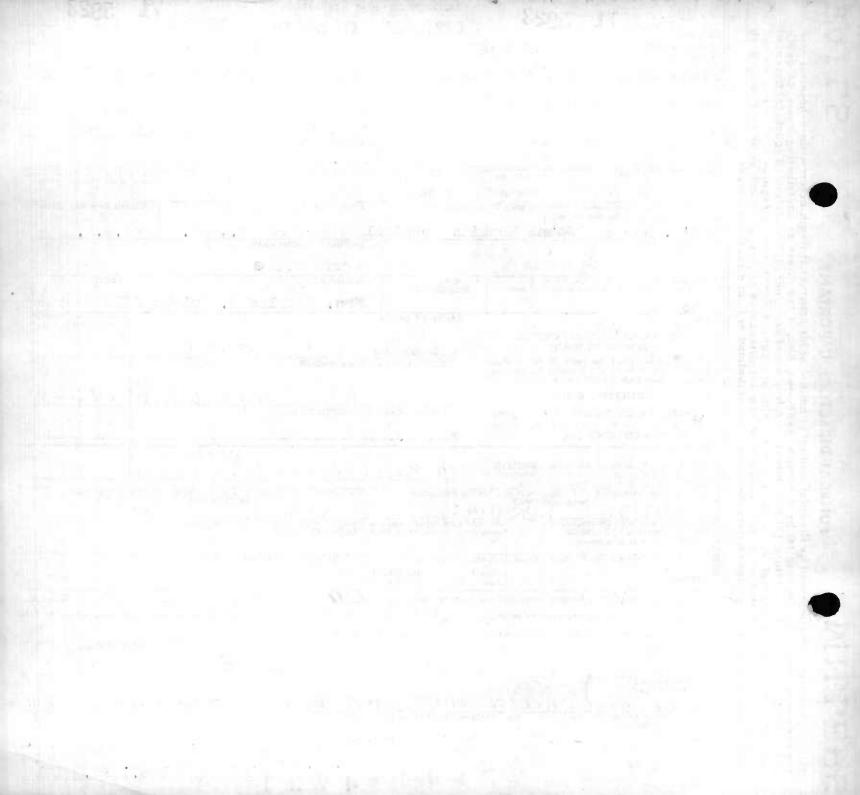
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	G-620	BALTIMORE CITY	HEALTH DEPARTMENT	71	5922
	BIRTH NO. 71 5922	CERTIFICA	TE OF DEATH	REG. NO.	-
	I. NAME OF DECEASED (Type or Print)	3ross		D HOUR OF DEATH	0 30
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONG		4. USUAL RESIDENCE IWhen	e deceased lived. Il institution	residence belare admission)
	FULL NAME OF UF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION	TUTION, GIVE STREET	A. STATE B. COUN OC. CITY OFTOWN	D. INSIDE CITY	1547
	4Bon Secours Hospita		Baltimo	re YES	
			3302 C	lifton Ave	
	5. SEX 6. RACE Black WIDOWED	NEVER MARRIED DIVORCED	6 - 14 - 03	ost birthdoy) If Un-	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
		Land I would be a second	11. BIRTHPLACE (Stote ar foreign	gn country) 12. Cl	TIZEN OF WHAT COUNTRY?
		TITER	Virginia	7. Charlottoill	U.S. A.
	13. FATHER'S NAME	RNSS	14. MOTHER'S MAIDEN NAM	en Eli	7 10
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer ar doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ery Ell	ADDRESS
		226-07-345	2LOIS GROS	55-3302-0	Olifford HIE
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		+ T Phu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l	LEADING TO DEATH	Bron cho ge		d preumonitis	ca- years
	iThis does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	DUE TO, OR AS A	CONSEQUENCE OF: /		pneumonitis -
	ANTECEDENT CAUSES	Bronchof	ene Cu		days
	DISEASES OR CONDITIONS, if any, giving rise la the above cause (A) stoling the	DUE TO, OR AS	CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)	************************************		****
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	************************		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [7]	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
	OR CONTRIBUTING CAUSE OF hom DEATH (notify medical examined)	LPLACE OF INJURY (e.g., in no, form, foctory, street, affi)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimare City, gt	ve exoct lacotion)
	S OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
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	and hour and from the causes stated obove. (in (my) (aur) apinion dec	oth occurred an the dote
	23A. SIGNATURE	4 6			TE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Di ADDRESS	hys. 6	- 20-71
	NAME ITYPE YOUNG JAI L	.EE H.D.	Bun Secous	HOSP BAL	41 21223
2	AA. BURIAL CREMATION, 248. DATE 24C. N.	AME OF CEMETERY OF CREM			
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	JUN 22 19/1 068618 2, 1818	0000	TSO FUNERAL PIRECTOR	Duett Fit	1701 - WINDS
V	'S 150-REV, 1/1/68			4	· IVI-ILIVITA



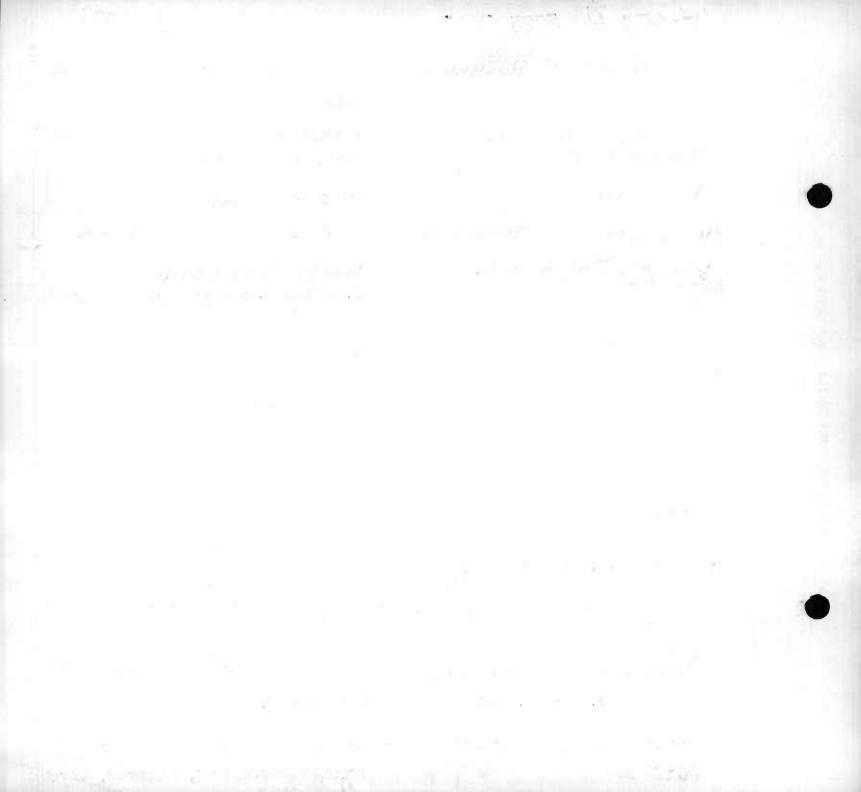
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W-425 71 5923	CERTIFICA	TE OF DEATH	REG. NO	, w 0000
		2 DATE AM	D HOUR OF DEATH	
Type of Print)	C .		1 1	1,03
ANGELA WIL	SON	6	120/71	// p.M.
L PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE IWhere	I deceased lived. II in TY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTIO	M CINE CTREET	Maryland		1111
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	OLAE SIKEEL	C. CITY OR TOWN	In this	IDE CITY LIMITS?
	1124		D. (143)	
Johns Hopkin Hospita	20	Baltimore		YES NO NO
JOHNS HOPKING 1100 PILA	T. Contraction of the contractio	E. STREET AND NUMBER		
		3 W. Biddle	Street	
SEX 6. RACE 7. MARDIED 1	NEVER MARRIED	& DATE OF BIRTH	AGE Un vegrs	II Under 1 Yt., If Under 24 Hrs.
The state of the s			ost birthdayl	Months Doys Hours Min.
WIDOWED CX	DIVORCED	6/26/83	87	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12 CITIZEN OF WHAT COUNTRY?
ne during most of working life, even if refired)	TT	7101	0 363	TT C A
Retid. Nurse Johns Hopki	ns Hospit			U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAN	AE	
Lawrence Kehoe		Sarah Toale		
	FOCIAL	17. INFORMANT		ADDRESS
Wes Decoaced Ever in U. S. Armed Forces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		Ave
N. a		Mrs. Charle	g E. Wrigh	ht 2216 Kentucky
No ·	CAUSE OF DEATH		0 4. 111 - 6	APPROXIMATE INTERVAL
77-11	CHOSE OF DEATH	•		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		57 /	- 1	1 01
LEADING TO DEATH	(A)MMEDIATE CAU	SE Polmon. A CONSEQUENCE OF:	ARY ECRU	us 6hrs
(This does not mean the mode of dyling, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				/
				/
		D 1		24/
ANTECEDENT CAUSES	(10)	PolmowAE	ey Embol	ist 24 hrs
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DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)		<u>Metastati</u>	C
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		1 0	<u>Metastati</u>	C
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	S/P Bow	el Resection t	yctastati	C Bore)
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C) SIP BOW	el Resection t	yctastati	FINDINGS CONSIDERED USES OF DEATH?
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IMPORTANT

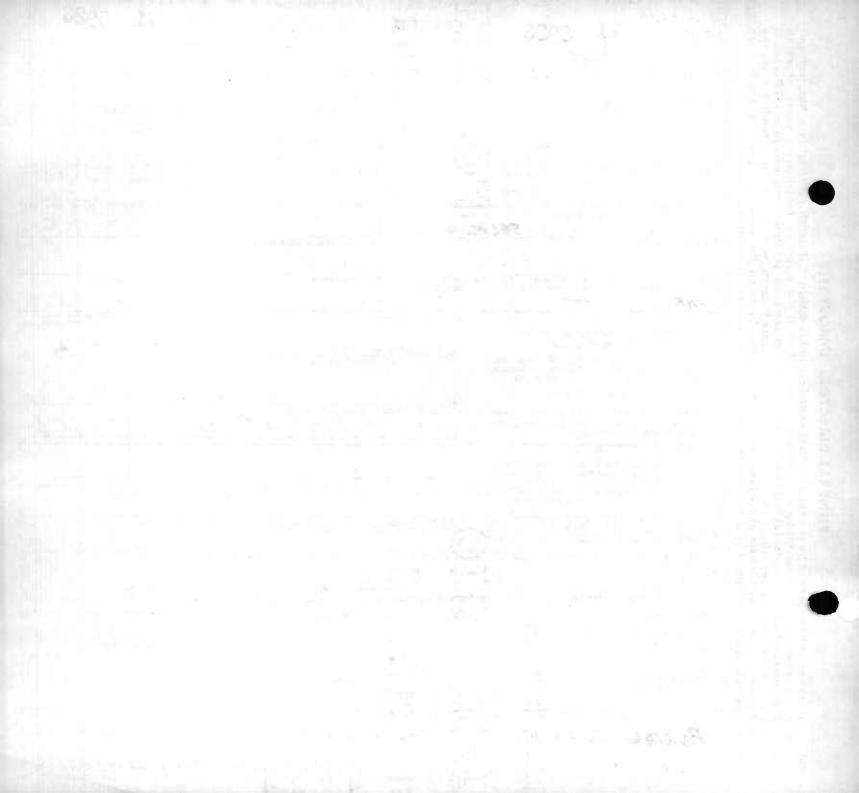
FUNERAL DIRECTOR:





the body was released to the hospital by a medical examiner. Also, if the direct of contributing cause of again shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1 TO
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0 . 14			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	71 59	26	CERTIFICA	TE OF DEATH	REG. NO	71 5926
Type or Print)		HARLES	BURLEY		TUNE 18, 19	71 1 11.20 A.M.
3. PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	MD,		IDE CITY LIMITS?
CHURCH	HOME AND	HOSPI	TAL	BALTIMOR E. STREET AND NUMBER		YES NO
05		SIN	BLE	1137 E. BI	ALTIMORE S	T.
5. SEX 6.	RACE	MARRIED WIDOWED	NEVER MARRIED DIVORCED	2.19.05	9. AGE (In years lost birthday) 66	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fe	oreign country)	12 CITIZEN OF WHAT COUNTRY?
done during most of wor MERCHANT	MARINE	SEX	MO W	ILLI	NOIS	AMERICA.
13. FATHER'S NAME		995	7674	14. MOTHER'S MAIDEN N	AME	
	PATRICK	BURL			BAILEY	
(Yes, no or unknown)	er in U. S. Armed For i yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
UHK.	100		019-14-3707	SANDORE GRO	55 816 E-B	ALTIMORE ST.
18. /42	/1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	st sow the decease		6 · 18 ·			inion death occurred on the date
and hour and f	rom the causes sto	ed obove. (4	(did) (did not) v	lew the body after deat	h•	
23A. SIGNATURE		1			4	23B DATE SIGNED
	Kustum.	Irani	H.D Ather	nding Med. Director	Staff Phys.	6.18.1971
23C.PHYSICIAN'	\$	TOAN		CHILDON HOM	E AND HOSE	OF TAI
24A. BURIAL CREMA	ATION, 1248 DATE	240.04	DEGREE			ity, town, or countyl (State)
REMOVAL (Spe	TINE 1	197 m			DONNELO	
25A. DATE REC'D ET	CHEALTH-DENT.	256, NAME C		25C. FUNERAL DIRECT	OR	E LOMBARD ST
VS 150-REV, 1/1/68	1	9.7	-1-0	DI PPEU 184	1	E LUTTONKU 31

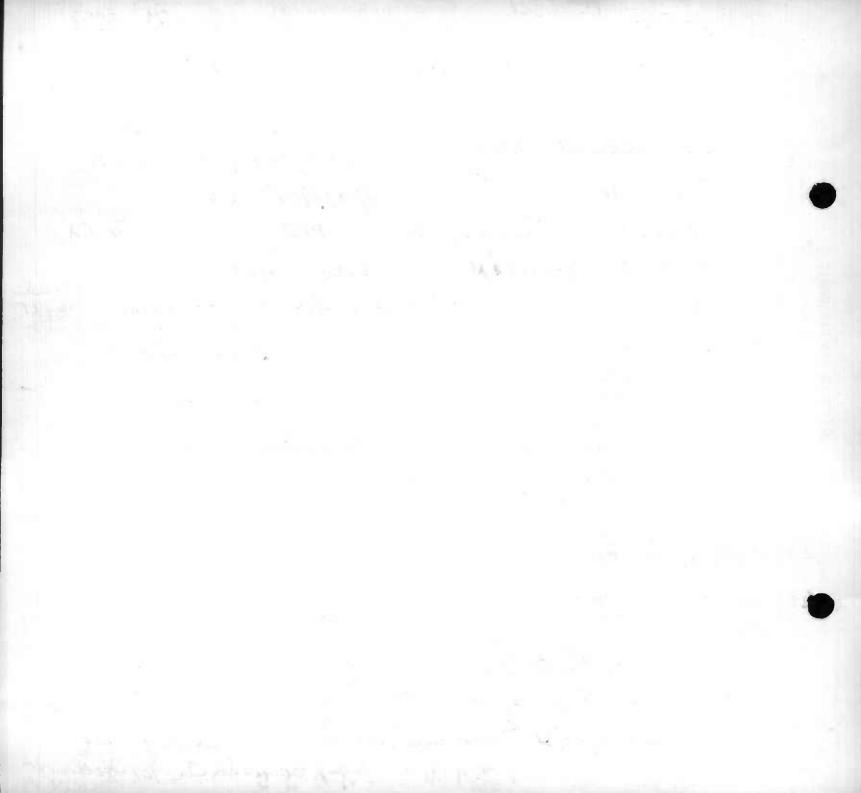


IMPORTAN DIRECTOR: FUNERAL

V\$ 150-REV. 1/1/68

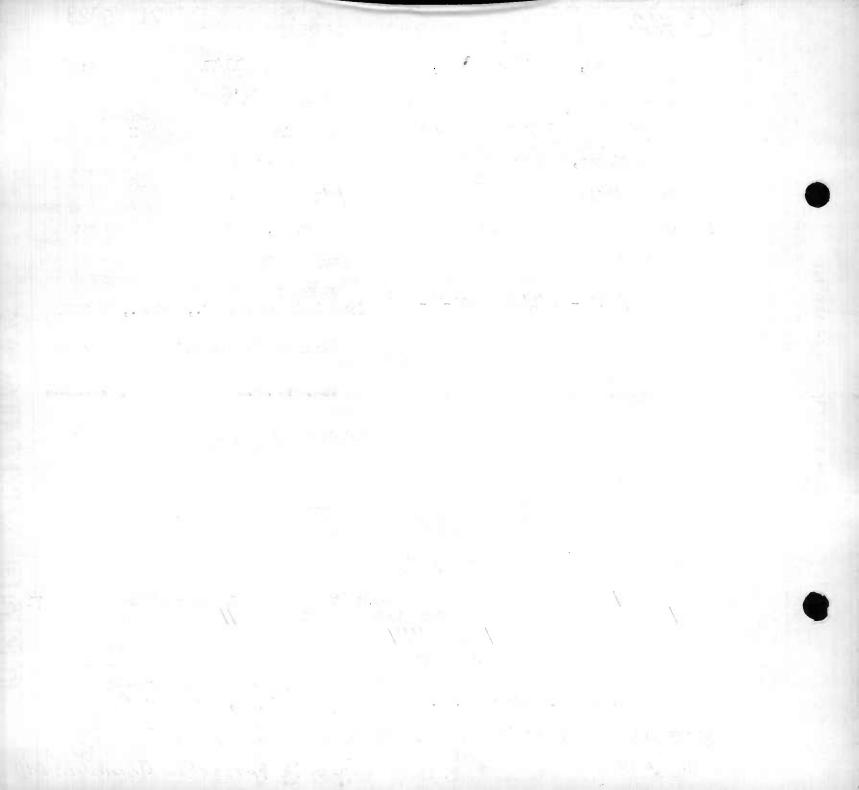
BALTIMORE CITY HEALTH DEPARTMENT 71 5927 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore admission)
A. STATE

8. COUNTY D. INSIDE CITY LIMITS? YES P NO 21230 Il Under 1 Yr. II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Baltimare City, give exact location) and that In(my) (out) opinion death occurred on the date 23B, DATE SIGNED ADDRES

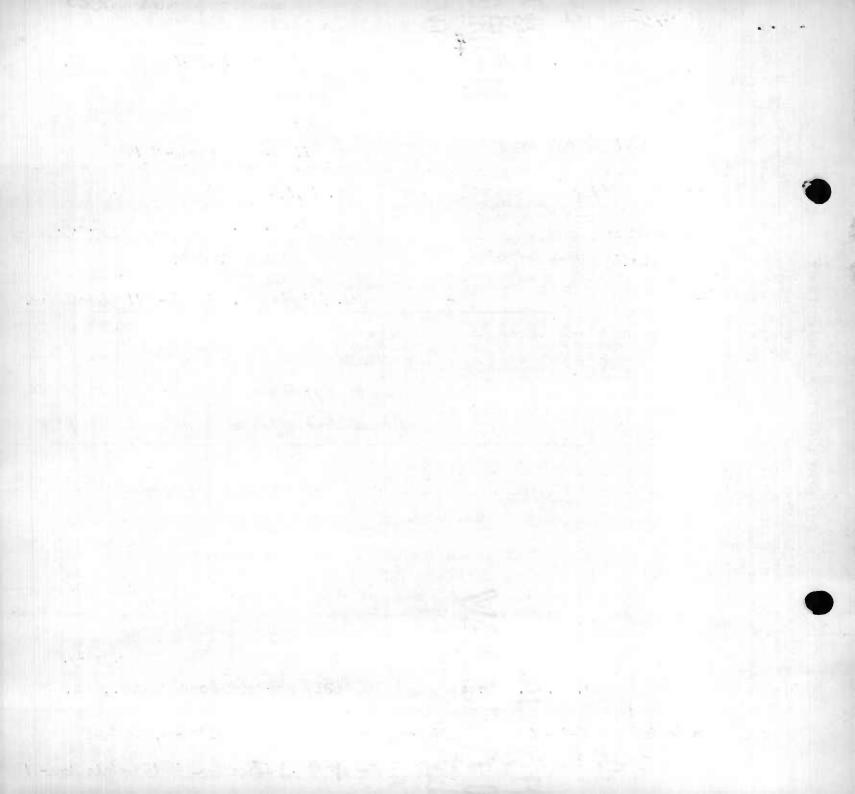


FUNERAL DIRECTOR: IMPORTANT

0	11 h		BALTIMORE CIT	Y HEALTH DEPARTMENT		714°	2009	040
BIRTH NO.	71	5028	CERTIFICA	TE OF DEATH	X REG. NO	11	3920.	
1. NAME OF	Clark, Pa	ul Alf:	red	2. DATE AN	OF DEATH		3:45 A	
3. PLACE I	N BALTIMORE MARYLAND			4. USUAL RESIDENCE (Whe	re deceased lived, If i	nstitution:	residence before adm	nission
FULL NAM HOSPITAL	OR ADDRESS OR LO	PITAL OR IN	USTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	AA	52	10	
A D		inistr	ation Hospital	Annapolis	D. INS	SIDE CITY L	I NO []	
25	3900 Loch Ra			E. STREET AND NUMBER		153	NO []	
	Baltimore, M			19 East Stre	eet.			
5. SEX	6. RACE		RIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Unde	er 1 Yr., If Under	24 Hrs
Mal	e White	WIDO	WED DIVORCED	7/3/24 11. BIRTHPLACE (State or fore)	lost birthdoy) 46			Min.
done during n	nost of working life, even if retire	4)	b of Business of Industry Lavern	Watertown, N		12, CITI	USA	UNTR
13. FATHER	S NAME			14. MOTHER'S MAIDEN NA				
Guy P	Clark			Mary Manning	3	*		
Yes, no of un	eased Ever in U. S. Armed known) (If yes, give wor or d	oles of serv		17. INFORMANT VA Hospital	Records		ADDRESS	
Yes	4/7/43 - 12	2/1/45	023-14-7909	3900 Loch Rave		alto.	Md 21218	
18.	2/181		CAUSE OF DEAT	Н			APPROXIMATE INTE	
D	DISEASE OR CONDITION LEADING TO DEAT			U - m - male o or	a diathoria			
(This d	oes not mean the mode	of dvina.	(A) IMMEDIATE CAL	J3E	c diathesis		Hours	
heort fo	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. Il means the disease,							
mory o	r camplication which caus			Hepatic co	ากจ		2 Months	
	ANTECEDENT CAUS		(B)				2 230110120	
rise to	ES OR CONDITIONS, in the above cause (/	f any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:				
UNDER	LYING CONDITION last.			Nutritional cirr	hosis		Years	
	I I I I I I I I I I I I I I I I I I I	ONTRIBUTI	NG					
DISEASE	OR CONDITION GIVEN IN F	ART I (A).			***************************************		*************	
	WAS P	ERFORMED	OR WHICH OPERATION	YES	IN CERTIFTING CA	FINDINGS USES OF	CONSIDERED DEATH?	
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notify medical examine)		21R PLACE OF INJURY (e.g., i home, form, foctory, street, of elc.)	n or obout 21C. WHERE DID	(If in Soltimor	re City, give	e exoct location)	
0 21 D. TIM	LE (Month) (Doy) (Yes	or) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX			While AI Not Whit					
			Work LJ At Work					
	ertify that (1) (this haspi		- The Local Holli semals	***************************************	9 71 to June			41
	(we) last sow the decea			h 19 71 and the	at in (ply) (our) opi	nlan dear	th occurred an th	e dat
		tated abay	e. (1) (We) (did) (d) (h) v	lew the bady after death.				
23A. SIG	NATURE	1	2/1/1/18			23B, DAT	E SIGNED	
	Nonal TV	1 00	chuta proper Phys	nding Med.	Shaff Phys.		6-18-71	
23C. PHY	SECIAN'S ME (Type)		DEDIKEE		ch Raven Bo	פעדם [נונ	rd	
	**	Pach	ata M. D.		re, Marylan			
24A. BURIAL	CREMATION, 248, DATE		NAME of CEMETERY OF CRE			ity, town, o		tole)
REMOV	AL (Specify)	107/	1 17	n	CALLOR (OI	17. TOWIT, 0	A AT	ule/
DUK.	IFCD BY HEALTH DEPS	7//	COAR BLUFF		NNAPOL	()	IVID.	
IIIN	92 1971 (Bleed	E. A.	ALOF MODIKAR	25C. FUNERAL DIRECTOR	1, 0	n	ADDRESS	11
JUIN	N- 1011	1.3	7 0 0	O VOIH NOT ME TH	94 LOR Son	1 HN	NAPOLIS	147
> I WIGHT V.	1/1/08			Total Control				



RTH NO	452 71 10.			2. DATE AN	D HOUR OF DEATH		
ype or		William	3 *		e 16,1971		59.
	E IN BALTIMORE, MARYLAND, S AME OF (IF NOT IN HOSPI AL OR ADDRESS OR LOC		DUNCED DEAD	4. USUAL RESIDENCE (When A. STATE 8. COUN Waryland	re deceased lived. If i	nstitution: res	745
00	6011 Glenoak i	Avenue		Baltimone E. STREET AND NUMBER 6011 GLENO	ak Avenue-2	YES 🔏	NO 🗌
sex Fema	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Nov. 12, 1886	9. AGE (In years lost birthdoy)	If Under Months	Yr. If Under 24 H Days Hours Min.
ne durin	AL OCCUPATION (Give kind of wo ng most of working life, even if retired)		OF BUSINESS OR INDUSTRY			12. CITIZI	U.S.A.
	IER'S NAME	11 00		14. MOTHER'S MAIDEN NAM			
\A/	Martin Luther H				Virginia		ADDRESS
es, no of	Deceosed Ever in U. S. Armed For unknown) (If yes, give wor or do	orces: tes of service)	1 6. SOCIAL SECURITY NO.	Ars. Elizabeth	A. Nichols-		Lenoak Ave.
1B.	4-12-11		CAUSE OF DEAT			I	APPROXIMATE INTERVAL
/	DISEASE OR CONDITION D		aster	incluste Hear	+ Duses		
(This does not meon the mode of dying, e.g.,							
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
						18	
		d deoth.)					12 years
DISE	ANTECEDENT CAUSE EASES OR CONDITIONS, if To the obove couse (A)	d deoth.) S ony, givin	(8)r	th hypertenses a consequence of	m EG		12 years
DISE	ANTECEDENT CAUSE EASES OR CONDITIONS, il	d deoth.) S ony, givin	(8)r	th hypertenses	K,		2 years
DISE rise UNE	ANTECEDENT CAUSE EASES OR CONDITIONS, if To the obove couse (A)	ony, givin stolling the	g DUE TO, OR AS	th hypertenses	tt,		12 years
DISE TO	ANTECEDENT CAUSE ANTECEDENT CAUSE EASES OR CONDITIONS, if lo lhe obove couse (A) DERLYING CONDITION lost. I ER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN PA DATE OF OPERATION 198. CO WAS PE	ony, givin sloling th ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR	g (B) ur DUE TO, OR AS e (C) Rhes	th hypertenses	<i>X</i> ,	FINDINGS AUSES OF D	
DISE TISE UNIT DISE. TO THE TO TO THE TO TO TO THE TO TO TO TO THE TO TO TO THE TO T	ANTECEDENT CAUSE ANTECEDENT CAUSE EASES OR CONDITIONS, II lo lhe obove couse (A) DERLYING CONDITION lost. II ER SIGNIFICANT CONDITIONS COUNTY THE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN PA	ony, givin sloling th ontributing the terminal (A). ONTRIBUTING THE TERMINAL 1 (A). TO THE TERMINAL NET 1 (A).	(B) JUE TO, OR AS (C) COMPANION B. PLACE OF INJURY (e.g.,	th hypertensis A CONSEQUENCE OF: was ford archre	208. IF YES, WERE IN CERTIFYING CA		
DISE rise UNE OTHE TO	ANTECEDENT CAUSE EASES OR CONDITIONS, II Io The obove couse (A) DERLYING CONDITION TO THE ER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN PA DATE OF OPERATION TO THE ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	ony, givin sloling th ontributing the terminal months of the terminal months of the terminal to the terminal termi	(B) OUE TO, OR AS (C) WHICH OPERATION (B. PLACE OF INJURY (e.g., mme, form, foctory, street, o	20A. AUTOPSY? (Yes or No NO O) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA		CONSIDERED EATH?
DISE IN	ANTECEDENT CAUSE ANTECEDENT CAUSE EASES OR CONDITIONS, if lo the obove couse (A) DERLYING CONDITION lost. II ERSIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN PA DATE OF OPERATION 198. CO WAS PE ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medicol exominet) TIME (Month) (Doy) (YeornJURY)	ony, givin sloling th sloling th ontributing the terminal anti-day.	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., or	20A. AUTOPSY? (Yes or No NO O) in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	June	exoct locotion)
DISE IN OTHE TO THE TO	ANTECEDENT CAUSE ANTECEDENT CAUSE EASES OR CONDITIONS, il lo lhe obove couse (A) DERLYING CONDITION lost. II ERSIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN PA DATE OF OPERATION 198. CO WAS PE ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medicol exominet) TIME (Month) (Doy) (Yeor NJURY PROX.) I certify that (I) (this haspite (II (we)) ost sow the deceose	ony, givin stoling th ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR RFORMED 21 he et W W W al) attended seed olive an	WHICH OPERATION B. PLACE OF INJURY (e.g., or, or, or, or, or, or, or, or, or, or	20 A. AUTOPSY? (Yes or No NO) in or obout 21C. WHERE DID (Higher bidg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	June	exoct locotion)
OTHE TO I DISE. OR I DISE. OR III (APP 22. I that	ANTECEDENT CAUSE EASES OR CONDITIONS, il lo lhe obove couse (A) DERLYING CONDITION lost. IL ER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION GIVEN IN PARAMETER OF OPERATION 198. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONDITION (Peor National Contribution of C	ony, givin stoling th ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR RFORMED 21 he et W W W al) attended seed olive an	WHICH OPERATION B. PLACE OF INJURY (e.g., or, or, or, or, or, or, or, or, or, or	20 A. AUTOPSY? (Yes or No NO) in or obout 21C. WHERE DID (Higher bidg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	June	exoct location) 16 19 11
OTHE TO I DISE. OR I DISE. OR III (APP 22. I that	ANTECEDENT CAUSE ANTECEDENT CAUSE EASES OR CONDITIONS, il lo lhe obove couse (A) DERLYING CONDITION lost. II ERSIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN PA DATE OF OPERATION 198. CO WAS PE ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medicol exominet) TIME (Month) (Doy) (Yeor NJURY PROX.) I certify that (I) (this haspite (II (we)) ost sow the deceose	ony, givin stoling th ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR RFORMED 21 he et W W W al) attended seed olive an	WHICH OPERATION B. PLACE OF INJURY (e.g., or, or, form, foctory, street, or, or, or, or, or, or, or, or, or, or	20 A. AUTOPSY? (Yes or No NO) in or obout 21C. WHERE DID (Higher bidg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA	June inion deat	exoct location) 16 19 11
OTHE TO I DISE. 19A. 21A. OR II (APP 22. I that and 23A. 23C.)	ANTECEDENT CAUSE EASES OR CONDITIONS, if Io the obove couse (A) DERLYING CONDITION Iost. II ER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO CAUSE OR CONDITION GIVEN IN PARTICIPATION (Month) (Doy) (Year NUMBER) ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medical examiner) TIME (Month) (Doy) (Year NUMBER) PROX.) I certify that (I) (this haspite (I) (we) lost sow the decease that any one for the causes stream of the cause	ony, givin sloling th ONTRIBUTING THE TERMINAL ART 1 (A). NOTTON FOR RFORMED 21 h h h h h sed olive an ated abave.	WHICH OPERATION B. PLACE OF INJURY (e.g., or, or, or, or, or, or, or, or, or, or	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo) URY OCCUR? 19	June inion death	exoct location) 19 1/

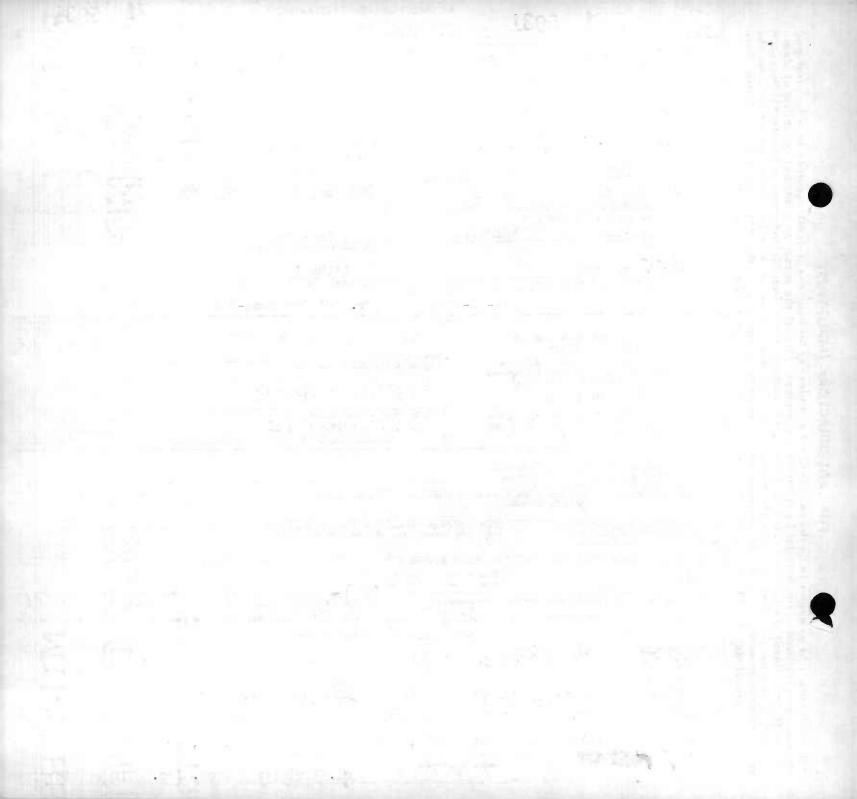


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

CI 1/5 71 5030 BALTIMORE CITY	HEALTH DEPARTMENT	71 5030				
BIRTH NO. I, NAME OF DECEASED CERTIFICA	TE OF DEATH REG.					
(Type or Print) FANNIE CRAILEN	2. DATE AND HOUR OF	DEATH 161/2 A				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased in					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	A. STATE B. COUNTY. C. CITY OR TOWN	27/7				
INSTITUTION C 1/2001 × 0	Baltimore	D. INSIDE CITY LIMITS?				
42 Sinai Hospital.	E. STREET AND NUMBER	YES NO				
,	· 5413 Park Heights A	Venue				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y					
Female White WIDOWED DIVORCED	July 18,1888 lost birthdoyl 82	Manths Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY				
done during most of working life, even if refired) Ibusewife At Home	Poland	USA				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Joseph D. Olick	Chana ?					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (ill yes, give war or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS				
21852-4455	Mrs. Blanche Yousen	2807 Damascus Court				
18. CAUSE OF DEATH		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY auch	coronom tryan	SO BETWEEN ONSET AND DEATH				
LEADING TO DEATH		1 hu.				
I time does not mean me mode of dying, e.g., Dire to Oo Ve	CONSEQUENCE OF: /					
heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	Schooly Heat du	e me l . Cf.				
ANTECEDENT CAUSES	The most	The state of the s				
	A CONSEQUENCE OF:					
use to the goods canse for stating the	T CONSEQUENCE OF:					
UNDERLYING CONDITION last. (c)	**************************************					
z II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
ODISEASE OR CONDITION GIVEN IN PART 1 (A).	120 A AV XI N ASS	***************************************				
WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, (octory, street off beath lnosity medical examined)	or obout 21C. WHERE DID (II in	Boltimore City, give exact location)				
210-TIME (Month) (Day) (Year) (Hour) 216 INJURY OCCURRED	21F. HOW DID INJURY OCCUR					
While At Not While						
22. I certify that (1) (this hospital) attended the deceased from	19to_	19				
that (1) (we) lost sow the deceased office on		our) opinion death occurred on the date				
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
23A- SIGNATURE		23B, DATE SIGNED				
OMUSN 30 Cm h MW DEGREE Phys.	ding Med. Staff Phys.	9 VO/71				
DEOREE	3D. ADDRESS					
MIILON B. KITSH	4000 W. Northern Pa	rkway				
Milton B. Kirsh MAA. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY of CREATION, 1248, DATE	4000 W. Northern Pa					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATERY		rkway (City, town, or countyl (State)				
Burial 6/21/1971 Workmen Circle	MATORY 24D. LOCATION Baltimore	(City, town, or county) (State)				
Parial 6/21/1971 Workmen Circle	Baltimor	(City, town, or county) (State) e, Maryland ADDRESS				
Burial 6/21/1971 Workmen Circle	Baltimor	(City, town, or county) (State)				

a hospital and

1	3-62571 5931		HEALTH DEPARTMENT	REG. NO	71 5931				
I, NA	(NO. ME OF DECEASED OF Print)	CERTIFICA		AND HOUR OF DEATH					
	JOSEPH GR	OSSITHIV	20) JUNE 1	971 7:02 Aim.				
FULL HOSI INSTI	NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) SINAL HOSPITAL HOSPITAL	RONOUNCED DEAD	A. STATE B. CO M. D C. CITY OR TOWN E. STREET AND NUMBER	D. INS	SIDE CITY LIMITS? YES NO				
			3929 CLA	RKS LAW	E				
5. SE	m c wind	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost, bithday)	H Under 1 Yr. If Under 24 His. Months Doys Hours Min.				
done o	ISUAL OCCUPATION (Give kind of work 108, KII furing most of working life, even if refired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?				
		urniture	Rumania		IISA				
13. F/	ATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	- UUA				
	Jacob Grossman		Libby ?						
S. W.	as Deceased Ever In U. S. Armed Forces? to or unknown) (III yes, give wor or dates of se	vice) 1 6. SOCIAL	17. INFORMANT		ADDRESS				
1		19-32-0268	Mr. Sol Gross	nan-3614 Ford	ls Lane				
10	486XI	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY	CARI	VAC ARRE	57	MIALITA				
0	LEADING TO DEATH This does not mean the mode of dying,	(A) IMMEDIATE CAL			711110163				
h	leart failure, astheria, etc. It means the dis njury or complication which caused death.)	sease,	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES	SEPT	7C SHOCK	2	HOURS				
ri	DISEASES OR CONDITIONS, if any, is to the above cause (A) stating INDERLYING CONDITION last,	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:		DAYS				
ATTON	II THER SIGNIFICANT CONDITIONS CONTRIBU O THE DEATH BUT NOT RELATED TO THE TERM ISEASE OR CONDITION GIVEN IN PART 1 (A).	TING							
CERTIFIC	PA-DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
CAL	A. ACCIDENT WAS UNDERLYING AR CONTRIBUTING CAUSE OF EATH (notify medical examine)	21& PLACE OF INJURY (e.g., i home, form, foctory, street, o elc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)				
30	ID.TIME (Month) (Doy) (Year) (Hour FINJURY APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID I	NJURY OCCUR?					
2	2. I certify that W (this hospital) atten	ded the deceased from	18 gune	197/ 10 2	0 Jane 19 71				
ti	nat (1) (we) last sow the deceased alive	on 209une	19 71 and	that in (my) for opl	Inion death occurred on the date				
0	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
23	Either M. Mag	MA MATO	nding Med.	Stoff Phys.	23B, DATE SIGNED 20 June 7/				
	ARTHUR M. WAGA	VER M.D.	SINAL A	LOSPITAL	_				
24A.	BURIAL CREMATION, 24B. DATE REMOVAL ISpecity)	4C. NAME OF CEMETERY OF CR	MATORY 24D.	LOCATION	ity, town, or county) (State)				
	dune 21/71	Beth Jacob, Ve		Rosedale, Ma					
25A.	JUN'22 1971 1	MEAT COISTING	25C. FUNERAL DIRECT	OR	ADDRESS Road ac. 6010 Reisterstown				
VS 15	0-REV. 1/1/68			0					



IMPORTANT

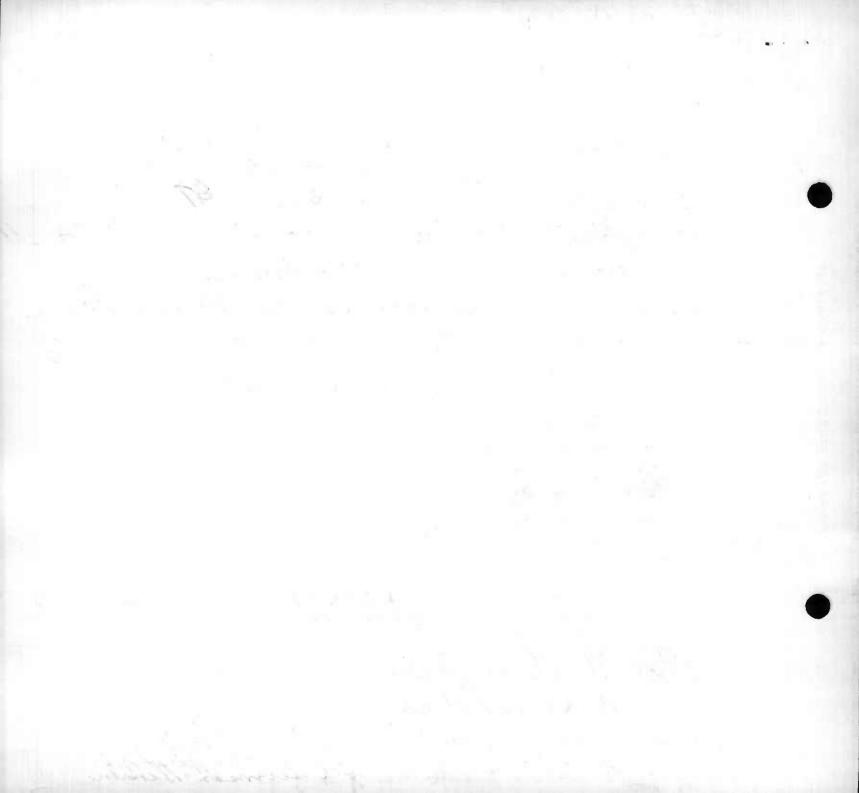
FUNERAL DIRECTOR:

١,	4-642 71 593	()	HEALTH DEPARTMENT	54	W-00
	TH NO.	CERTIFICA	TE OF DEATH	REG. NO.	5932
	Pe of Print) Eve \$	forelick	2. DATE ANI	D HOUR OF DEATH	1 2 0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE IWhere	e deceased lived. If institution:	: residence before admission)
Ho	LL NAME OF (IF NOT IN HOSPITAL OR II SPITAL OR ADDRESS OR LOCATION)	NSTITUTION. GIVE STREET	marglar a	D. INSIDE CITY	2740
	1 6214 WOOD	Erect are	Baltimo	VES E	
6) (E. STREET AND NUMBER	ordcust a	lae
5. T	MARIA DO THE PLANT	NEVER MARRIED	8. DATE OF BIRTH	ost birihday Manth	der 1 Yr. If Under 24 Hrs.
104	USUAL OCCUPATION (Give kind of work 108, KIN		sept 7,1915	53	
don	during most of working life, even if retired)	+ Lla	11. BIRTHPLACE (Stole of foreig	7 00 12. CI	TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	None	14. MOTHER'S MINDEN NAM	Ellinais	4371.
	Kabacon	14	Unlarae		
15. (Ye:	Was Deceased Ever in U. S. Armed Farces? ,na or unknown) (If yes, giva war ar dales at serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	elick-6214	ADDRESS are
	18. 3 / 8 XI 7 2 5 0	CAUSE OF DEATE	John de les	e plan	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	WALLED LATE CALL	er cjacram	auscessos	14m
	(This does not mean the mode of dying, heart failure, asthania, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS A	A CONSEQUENCE OF:	Groncheeton	1540
	ANTECEDENT CAUSES		State	mell h	2/2
	DISEASES OR CONDITIONS, if any, gi	ving (8) DUE TO, OR AS	A CONSEQUENCE OF:	2 1 1005	1
	rise to the above cause IA) stating UNDERLYING CONDITION last.	(c)			0
z	, 11				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	***********************************	****************************	• • • • • • • • • • • • • • • • • • • •
RTIFIC	19A-DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? IYes or No.	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examines	218. PLACE OF INJURY le.g., in hame, form, factory, street, affi	or about 21 C. WHERE DID	(If in Boltimare City, gi	ive exocl location)
MEDICAL	21D.TIME (Month! (Day) (Yea) (Haud) OF INJURY IAPPROX.)	21E, INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
		Work L At Wark	19.10	(1	
	22. I certify that (I) (this hospital) attend that (I) (1994) last sow the deceased alive	1 - 1		tin (my) (see) opinian dec	ath occurred on the date
	and hour and fram the causes stated abov	e. (1) (We) (dld) (dldm) vi	ew the bady after death.		
	23A. SIGNATURE MICHASOLI	Atten	ding Med. S	haff hys.	TE SIGNED
	23C.PHYSICIAN'S NAME ITypes MILTON B. K	DEGREE	30. ADDRESS 4660 W. AV	RTHERN P	20111111
24A	BURIAL CREMATION, 248, DATE 240	C. NAME OF CEMETERY OF CREA	MATORY 24D. JO	CATION ICity, town,	or county) (Stote)
0	remation June 31/71 0	Coudon Pa	rle 1000	ettemas.	marghand
25A	DATE RECO BY MEANINGEPTS 258, WAN	NE OF REGISTRAN	25C. FUNERAL DIRECTOR	Ben one 6 a.	ADDINESS A
VS 1	50-REV. 1/1/68	-7-10-0	a Mariana	Varia - 001	o rusi piscouls

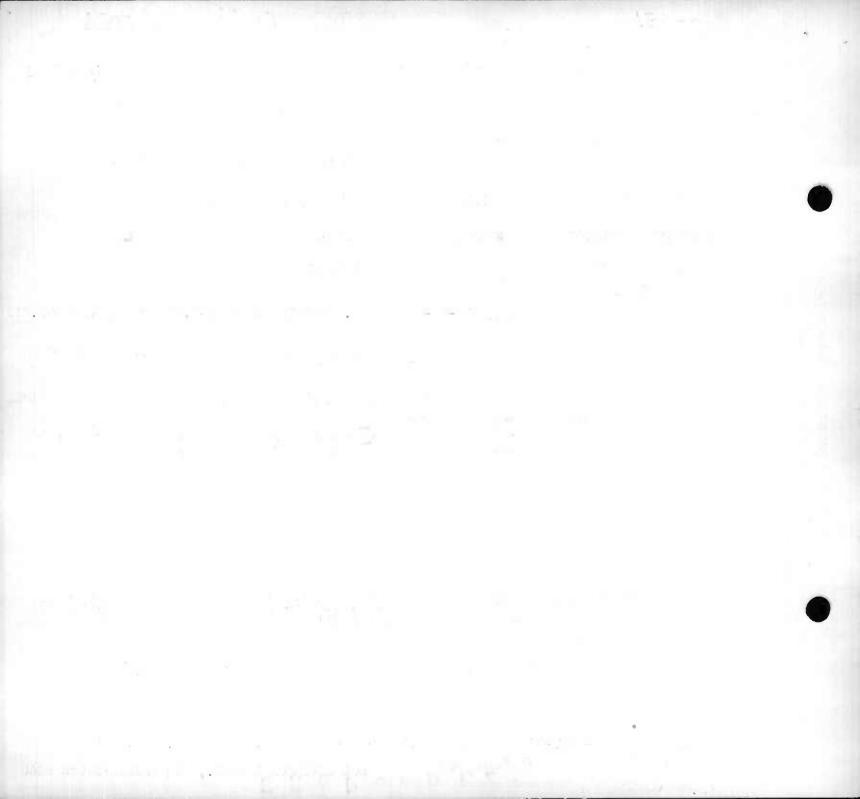
HUESH B KIRSH

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		5933 BALTIMORE CITY HEALTH DEPARTMENT
	he dra	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 71 5933
	pital and of death Deceased to on the ath. Such	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	hone far	>01 (2 ross 6/19/7/ 11:15A
	hospital ise of d (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
	hos Use (5) and de	FULL NAME OF HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	a ho caus ise; (; enda to d	D. INSIDE CITY LIMITS?
	ting d cau r atte prior	SIDAI HOSPITAL BACTO E. STREET AND NUMBER
	+ B . Ce	13712 GRAGUIE ATIVE
	tribu mine gula: sed ; madi	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. 11 Under 24 Hrs. Months; Doys Hours; Min.
	CELORS	Y WIDOWED DIVORCED 6/26/03
	dete dete in dece	done during most of warking life, even if retired!
	dea t or Und as i e de	Self Employed Butcher Poland 4.5A
	nt it death direct or c l; (4) Undet th was in on the dec	14. MOTHER'S MAIDEN NAME
Z	dir dir on dis	15 Was Description and Makeyoun
₹ .	0 0 0 0	15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
Ž .	9 T CIE	18. CAUSE DE DEATH
	N BODO	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH COLLEGE OF CERETHER TO 1900
••	50 L B	heart foilure, esthering, elc. II means the disease. DUE TO, OR AS A CONSEQUENCE OF:
Š .	mb mb	injury or complication which caused death.)
5	and be a	ANTECEDENT CAUSES (B)
Ų.	e X O _ E B	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: rise to the abave cause (A) stating the
5	0_ 0 0	UNDERLYING CONDITION lost. (C).
	dice dice sic sic sic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ĸ.	medica medica burns, physici an was	☐ IO THE DEATH BUT NOT RELATED TO THE TERMINAL IDISEASE OR CONDITION GIVEN IN PART 1 (A).
	9 - G - O -	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	. A	
-	1 to 2 co	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, lactory, street, office bidg., INJURY OCCUR?
	hospital hospital nature; (ept whe d (6) No sined be	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F HOW DID INJURY OCCUR?
	e hosp cept nd (6)	OF INJURY While AI Not While
	S = > X E to	Work LJ AT WORK LJ
	000.0	22. I certify that (I) (this hospital) attended the deceased from
- 1	sed to sed to ant of apital eath); ust be	ond haur and from the couses stated above. (i) (We) (did) (did nat) view the body after death.
4	leased to ident of hospital of death)	23A. SIGNATURE 23B. DATE SIGNED
	rcide rcide hos to d	Attending Med. Shoff Shoff Phys. Med. Director Phys.
		PROSTOPHYSICIAN'S NAME (Type) 23D. ADDRESS
	cernicate m sody was relived. (1) An acci D.O.A. at a f assed prior to	1 Joel 41. Chenny 77.0 SIDAI Haratas
	>E 000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	D. C. D.	Bureal 6/20/71 Telesett breel fred Batter bul
	the body was r shows: (1) An ar was D.O.A. at a deceased prior written approv	25A. DATE REC'D BY HEALTH DEPL 25B. NAMBOF REGISTRAR 25C. FUNERAL DISECTOR
Ī	1	JUN 22 1971 Palet E. Falley M.D. for Levens 18 18 18 18 18 18 18 18 18 18 18 18 18
		VS 150-REV. 1/1/68

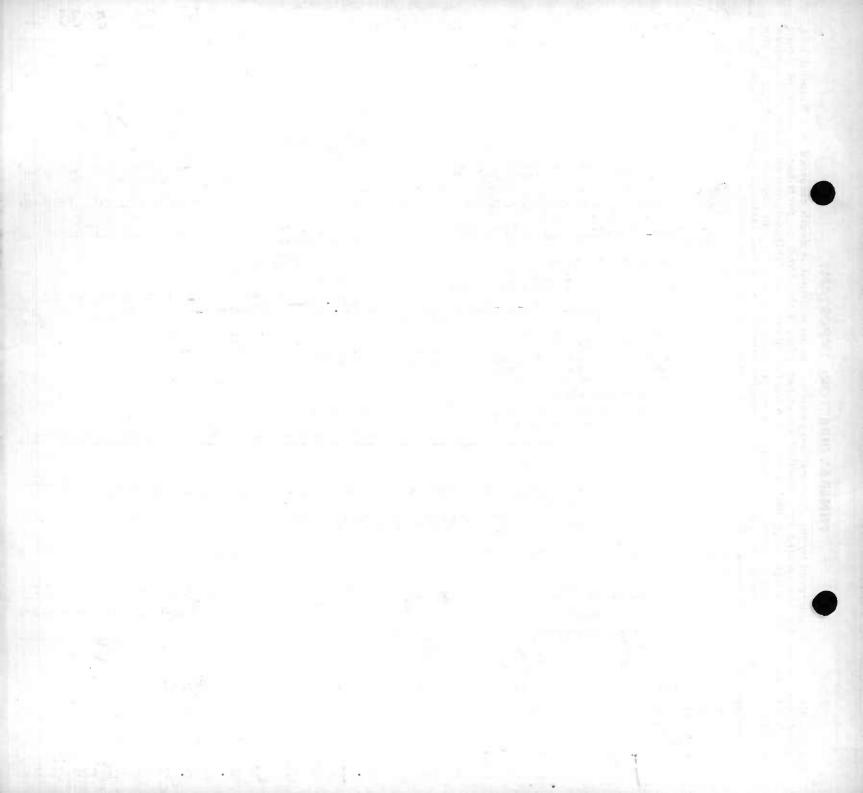


V\$ 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	7 -	. /		BALTIMORE CITY	HEALTH DEPAR	TMENT	/	mil	W-0F
1	1-00	4		- CERTIFICA	TE OF DE	HTA	REG. NO.	/1	5935
BHR	H NO.	74	_593	5					
	e or Print)	EASED	-			2. DATE AND	HOUR OF PEAT	IH.	- O
		PHILIP	TIN	6 LASS		6	119/1	/ /	3.00 F. M.
3. 1	LACE IN BAL	TIMORE, MARYLAND,	WHERE PR	NOUNCED DEAD	A. STATE	B. COUNT	deceased fived. I	institution; res	idence before admission)
HO	L NAME OF	(IF NOT IN HOSP ADDRESS OR LO	TAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOW	CAND	D. 11	NSIDE CITY LIN	3300
5	INSI	HOSPITAC	0 F	BSCTIMORE	E STREET AND	MORE	26	YES V	No 🗆
4	12	1	NC		A - A - A	lood co	URT R	OAD	
5. \$	EX	6. RACE	7- MARI	IED NEVER MARRIED	8. DATE OF BIRT	H 9	AGE (In years	Il Under	1 Yr. Il Under 24 Hrs.
- 4	3241	WHITE	WIDO	VED DIVORCED	6-1-	70	ost birthday 8		Days Hours Min.
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or loreig	n country)	12. CITIZI	EN OF WHAT COUNTRY?
done	during most of	working life, even if refired							
	Retired.	- Retail	M	erchant		ıssia			USA
13. [ATHER'S NA	ME			14. MOTHER'S A	MAIDEN NAM	E		
	Car	muol Finales	c			Unknown	1		
		muel Finglas				UIIKIIOWI			
(Yes	Vas Deceased no of unknown	Ever in U. S. Armed I	ercest	cel SECURITY NO.	17. INFORMANT				ADDRESS
1	NO				Mrs. F	Tannie F	inglass-	2727 Wo	odcourt Rd
<u> </u>		. 0	214-3			TO E	21162400		APPROXIMATE INTERVAL
	18.4	917		CAUSE OF DEAT				0 61	ETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION I			411	Lo N	1 Hocard	ch-vy	12 humite
ш	(This door o			(A) IMMEDIATE CAL			T WY	nel	700
	heart foilure.	ot mean the mode of asthenia, etc., it means	or dying,	gse. DUE TO, OR AS	A CONSEQUENCE	OF:			
ш		plication which cause					ACIL	\Box	
		ANTECEDENT CAUS	25				101	ν	
ш			11	(B)					
П		OR CONDITIONS, I		,	A CONSEQUENCE	E OF:			
		e above cause (A 3 CONDITION last	a stating	(c)					
				(0)					
z								1	
일	OTHER SIGNIF	FICANT CONDITIONS C THE BUT NOT RELATED TO	ON KIBUII	NG Jai					
[2]	DISEASE OR C	ONDITION GIVEN IN P.	ART 1 (A).						
CERTIFICATION	19A.DATE OF	OPERATION 198 CO	ERFORMED	OR WHICH OPERATION	20A. AUTOPS	YZ (Yas ot No)	IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
8	21A. ACCIDE	NT WAS UNDERLYING		218 PLACE OF INJURY (e.g.	n of obout 21C. W	HERE DID	(If to Rolli	more City, give	exact location)
1	OR CONTRIBL	TING CAUSE OF medical examined	ш	home, form, factory, street, o	ffice bidg., INJURY	OCCUIR	pr m post	more chy, give	and to contain,
ă	21D. TIME	(Month) (Doy) (Yes	ii) (Houd	21E INJURY OCCURRED	21f. HC	DENI DID WO	RY OCCUR?		
MEDI	OF INJURY			White At Not Whi					
	(APPROX.)			Work At Work		·			
	22. I certify	that (1) (this hospit	al) attend	ed the deceased from	6/18	19	71_to	6/17	19
		last saw the decea		/	19		t in (my) Lour)	opinion death	occurred on the dote
	and hour an	d from the couses s	tated abov	e. (1) (We) (did) (did not)	view the bady a	fter death.			,
1	23A. SIGNATU	IRE /	1.	/ //0	/			23B, DATE	SIGNED /
		Janus 13	All	effer MD BEGREE Phy		ed.	Stoff Dhys.	6,	119/71
	23C. PHYSICIA NAME (1	IN'S In a second	+ Sch	/ DEGREE	23D. ADDRESS	2 W (old Spe	ing Lan	4 1101 = 1 = 5
244	SURIAL CRE	MATION, 248. DATE	24	DEGREE C.NAME OF CEMETERY OF CR	EMATORY	24D. LO	CATION	(City, town, or	county) (State)
			0/71	V	-				
25.4	Butia		U//1	Knesseth Israe	25C. FUNERA	Anr	napolis, N	larylamd	ADDRESS
256	DATE REC'E	AN HEALTH DATE	F. F. S.	ME OF REGISTRAR	250 PUNERA	T DIKECIOR			ROAD
1	U UIII K		- 9		Sal Aevor	ารดีก็ ลิโล	ds. Inc.	6010 R	eisterstown
	150-PEV 1/1/					100			



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

V-563 71 593	C	Y HEALTH DEPARTMENT	No. 71 5936
BIRTH NO.	CERTIFICA	ATE OF DEATH REG.	NO
I, NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
Cregory	Vineyard	6/20/7	1 5:50 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED OFAD	4. USUAL RESIDENCE IWhere doceosed in	ived. Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND Balto	5300
INSTITUTION		BALTIMORE	D. INSIDE CITY LIMITS?
22 1/1	1/ 0	E. STREET AND NUMBER	152 400
Johns Hopkins 1	tosp.	3315 WASHINGTON	BLVD
5. SEX 6. RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE Un ye	eors II Under 1 Yr. , If Under 24 Hrs.
	OWED DIVORCED	6/14/54 lost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, K		Y 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) NEVER EMPLOYED		N.C.	U.J.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN VINEYARD		LUCILLE GRE	EN
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	SECURITI NO.	28121112 HINESPACE	won Rosen MAD.
18.	CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH		wer Museular 1	estrant 16.12
(This does not mean the mode of dying	(A) IMMEDIATE CA	S A CONSEQUENCE OF:	ystropy 16 yrs
heart failure, asthenia, etc. It means the di injury or complication which caused death.	isease, }	(-)	
ANTECEDENT CAUSES			
	(B)	S A CONSEQUENCE OF:	**********************
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin		3 A CONSEQUENCE OF:	
UNDERLYING CONDITION last	(C)	***************************************	
_			
OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	JTING		
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	•		
19A-DATE OF OPERATION 19R CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If In	Boltimore City, give exact location)
DEATH (notify medical examined	etc.)	office bidg. INJURY OCCUR?	
O 21 D. TIME (Month) (Doy) (Year (Hou	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
S OF INJURY	While At Not Wh	ile 🗀	
(APPROX)			
22. I certify that (1) (this his pital) atten	nded the deceased from	6/11 19 7/ to	6/20 1971
that (1) (4%) last saw the deceased all v			apinion death occurred on the date
and hour and from the causes stated ab	ove. (1) (Mp) (dld) (did not)	view the body after death.	
23A. SIGNATURE			23 & DATE SIGNED
Keven y. Hu	nt MO AH	ys. Med. Staff Staff Staff	6/20/71
23C. PHYSICIAN'S NAME (Typel	DEGREE	23D. ADDRESS	
	UNT M.D.	THE JOHNS HOPKINS	HOSPITAL
24A. BURIAL CREMATION, 124B. DATE	24C. NAME OF CEMETERY OF CH		
REMOVAL (Specify)		0 0	(City, town, or county) (State)
BURIAL REJUCUAL 6/21-22/76	ASHENNEMORIAL	CARDENS Howe COL	1N74, N.C.
25A. DATE TENDENTALIA DIT. A COM	AME OF THE STRAK	250 FUNERAL DIRECTOR AND AN HU	ME REINS-DILLETICIANT
2011 6 101 101 1	97100	O ABOUTER NAD.	TR) W. LEFKERSON N.C.
VS 150-REV. 1/1/68			



("V T - 1

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

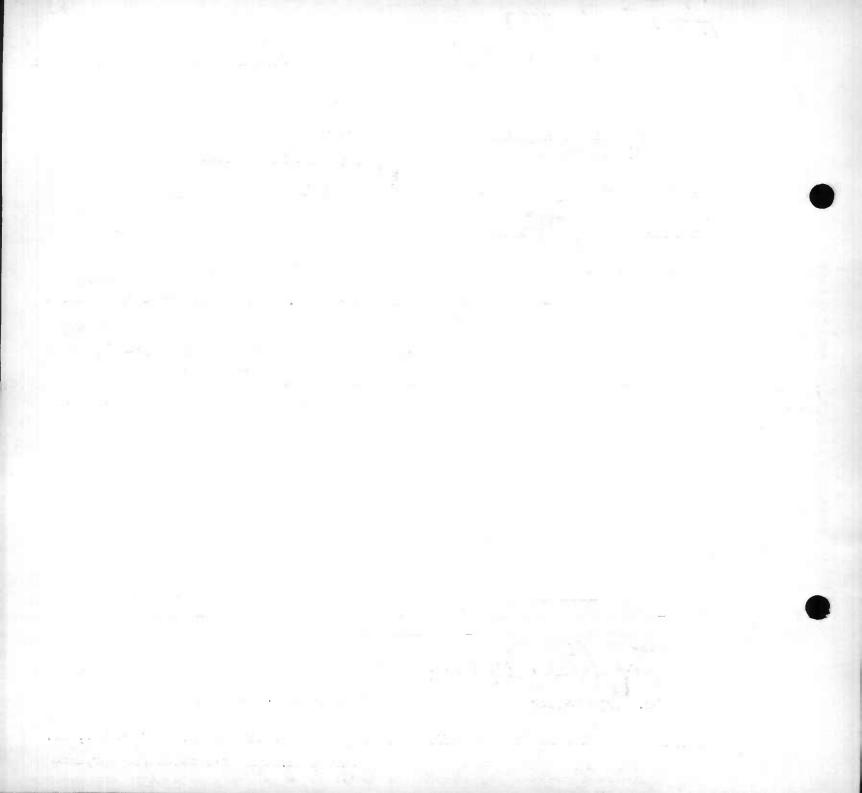
306 Wi Flanklin St.

Filmer of the William South Street South

0 - 12/5 () 0960	ATE OF DEATH REG. NO. 71 5938.
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 71
1.NAME OF DECEASED (Type or Print)	2, DATE AND HOUR OF DEATH
Sadie V. Spellman	June 17, 1971 11 A _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR YOWN D. INSIDE CITY LIMITS?
C Edgewood Nursing Home	Baltimore YES X NO
6000 Bellona Avenue 21212	E. STREET AND NUMBER
	4614 ElsrodeAvenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 Mar 1899 72
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Switchboard Operator Penn, R.R.	Maryland USA
Switchboard Operator Penn, R.R.	14. MOTHER'S MAIDEN NAME
Robert Royston Parker	Lucy Alahama Denver
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 71.7 07 7461	Howard C. Spellman 4614 Elsrode Avenue
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 10 10 DELINEER ONSET AND BEATH
LEADING TO DEATH	were con con cos in such
heori failure, osihenio, elc. Il meons the diseose,	S A CONSEQUENCE OF:
injury or complication which caused death.)	1 . 0110 . () 100
ANTECEDENT CAUSES	remaine - Valdengo servere de ligis
DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the association	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost (C)	explosurascleración
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A Comment of the Comm
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	My Mary period
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 23B. PLACE OF INJURY (CO.	20A. AUTOPS OF No. 20R IF YES, WERE FINDINGS CONSIDERED
ER COLONIAL	
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 G. WHERE DID (If In Ballimore City, give exact location) office bldg., INJURY OCCUR?
U I	
S OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the decepsed fram	19 9 7 to July 19
that (1) (we) last saw the deceased alive an tank	19 7/ and that in(my) (our apinion death accurred an the date
and have and from the causes stated above. (1) (We) (dtd) (dld not)	view the bady after death.
23A-SIGNATURE	23B. DATE SIGNED
	tending Med. Staff Director Phys. D
23C. PAYSICIAN'S	23D. ADDRESS
NAME (Type)	4706 Harlord Road
Dr Harold V. Harbold DEGRE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
REMOVAL (Specify)	
Burial 19 June 71 Druid Ridge Ce	
JUN 22 1971 Black E. Jabon K.D.	25C. FUNERAL DIRECTOR ADDRESS ABacter Funeral Home Baltimore, Md.
VS 150-REV. 1/1/68	Illate When and the

ant action the emberor will Helperting Chamber of 27 gran Covering any picky H.V. The whole Mike y

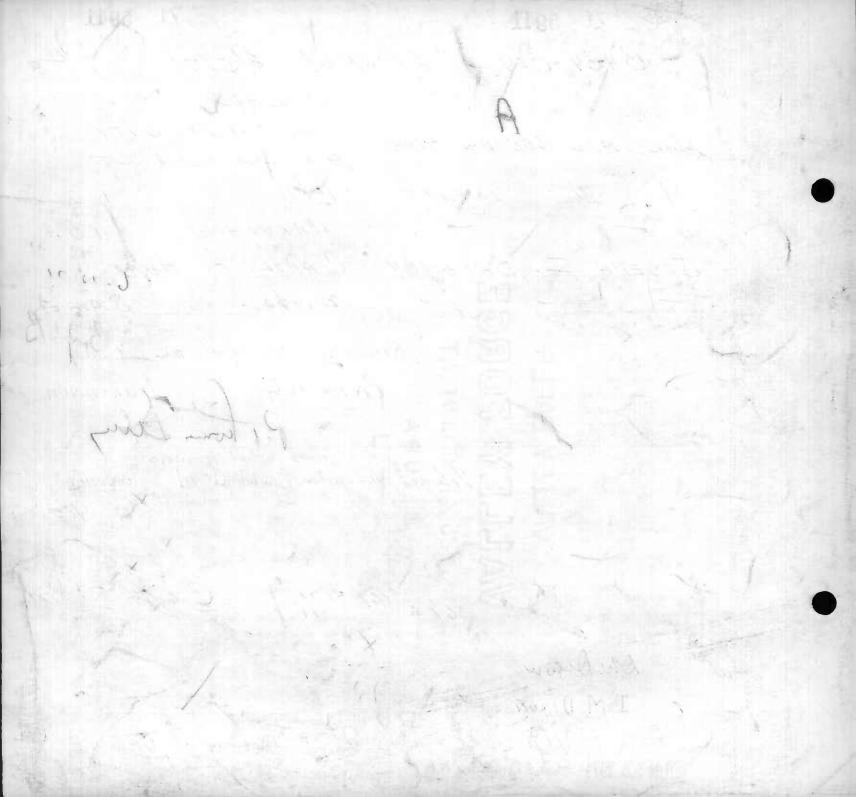
	4-325 71 3	5939		HEALTH DEPART		REG. NO.	71	1 593	g ·-
	RÍH NO.		CERTIFICA	TE OF DE	ATH	KEG. NO			
	NAME OF DECEASED (PO or Print) ANNA IF	RENE HUD	SON	2		D HOUR OF DEATH		6:30	2
3.	PLACE IN BALTIMORE, MARYLAND, Y	WHERE PRONO	UNCED DEAD	4. USUAL RESIDE		to deceased lived. If is	nstitution; r		a _{M.}
FLHIN	JLL NAME OF (IF NOT IN HOSP! ADDRESS OR LOC STITUTION	TAL OR INSTIT ATIONI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	1		IDE CITY L	120	7
	Ardleigh Nursi	ng Home		Baltimon	re	5. 1113	YES A		
	2095 Rockrose	_		505 West		Street			
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED X	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Unde	Pr. If Under	er 24 His.
L	Female White	WIDOWED		Feb 3 18	000	97	, violitis	Doy's Hours	WIII.
dot	A. USUAL OCCUPATION (Give kind of worne during most of working life, even if retired)	LIOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ate or fore	gn countryl	12. CITI	ZEN OF WHAT	COUNTRY?
	Twister	Cotto	n Mill	Maryland	1		U	SA	
13.	FATHER'S NAME			14. MOTHER'S MA	NDEN NA	ME			
	William Hudson			Anna Car	roline	Peregoy			
15. (Ye	Was Deceased Ever in U. S. Armed Fa s,na or unknown) (If yes, give wor ar dole	rces?	1 6. SOCIAL	17. INFORMANT				ADDRESS	
	No -		215 07 6551	George F	R. Hud	son 830 W	eat 3	2nd Stree	et
	18.		CAUSE OF DEATH	Η				APPROXIMATE IN	NTERVAL
	DISEASE OR CONDITION DE	RECTLY					1	BETWEEN ONSET A	ND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	se Arteri	oscl	erotic car	dio-	15 yrs	5.
	(This does not meon the mode of heart failure, asthenia, etc. It meons	the disease	Ditto do on to	A CONSEQUENCE OF	vas	cular dise	ase	·	
	injury at complication which caused								
	ANTECEDENT CAUSES		(B) Tumor	of blad	der			l yr.	
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tast.	ony, giving sloling the	(C)	A CONSEQUENCE (OF:			1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
	11					**************			
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	**************************************	****************	**********	******************************			
CERTIFICATION	19A-DATE OF OPERATION 19R CON WAS PER	DITION FOR Y	WHICH OPERATION	NO	Yes or No	208. IF YES, WERE IN CERTIFYING CA	INDINGS USES OF E	CONSIDERED DEATH?	
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21B hom elc.	PLACE OF INJURY (e.g., in e., form, foctory, street, aff	or obout 21C. WHE	RE DID CCUR?	(II In Boltimor	City, give	exoct location)	
EDI	21D-TIME (Manthi (Doy) (Yeon	(Hour) 21E	INJURY OCCURRED	21 F. HOW	DID INJ	JRY OCCUR?			
\$	(APPROX)	Whi	ile Al Not While						
	22. I certify that (I) (this hospital			rch 16	-	0 77 . Years	- 70		777
	that (1) (we) lost saw the decease	d olive on_	June 19,	1971	_ond the	9 7] to Jun of In(my) (our) apli		h occurred on	
	and hour and from the causes stat	ed abave. (i) (We) (did) (did-not) vi	ew the body after	r death.				
	23A. SIGNATURE	1	2m 1	d: 44 1			23B. DAT	ESIGNED	
	December Su	EULOT	DEGREE Phys.	Med.	lor 🗌	Staff Phys.	June	21, 19	971
	23C. PHYSICIAN'S NAME (Typo)	1 -	2	3D. ADDRESS			-		-
	Dr. Lloyd Sayl)Z	DEGREE	3902 Green	mount	Avenue			
24A	BURIAL CREMATION, 248, DATE		ME al CEMETERY of CRE	MATORY	24D. LC	CATION (Cit	y, town, or	countyl	(Stote)
1	Burial 22 June	71 Nor	risville Ceme	terv	Nor	risville, H	rfor	d Co. Md	l.
	. DATE REC'D BY HEALTH DEPT.	258 NAME C	F REGISTEAR	25C. FUNERAL		l Høme Balt	party.		
1	11N 22 1977 Pababe	Jaben	kaj on	Burge	unera	I Mame balt	Impre	Marylano	r
vs	150-REV. 1/1/68			31//6	till	HI Was	1		



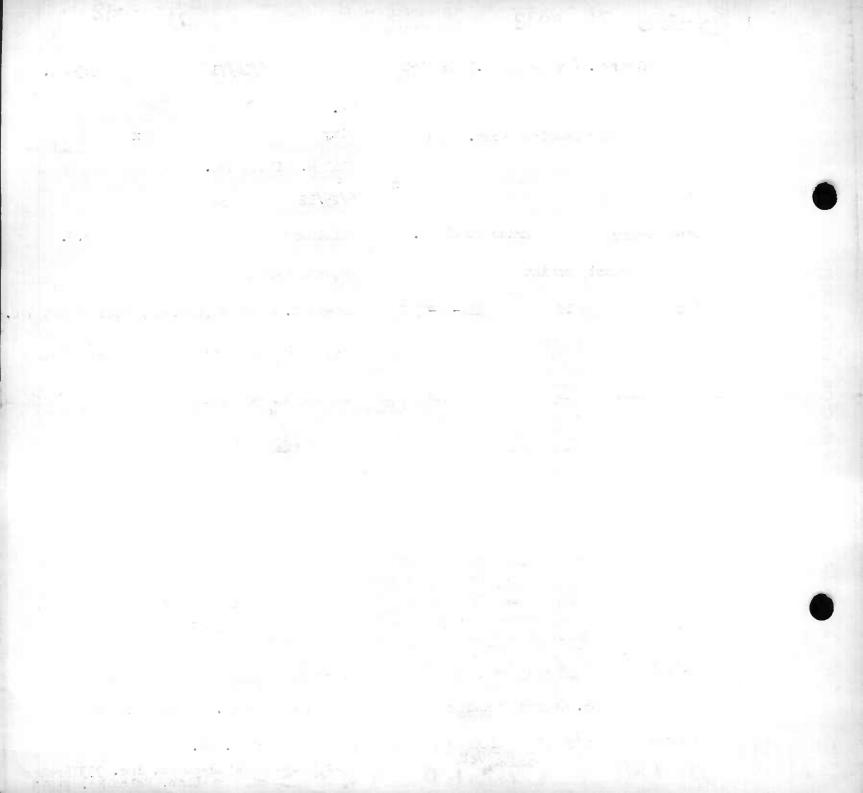
the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

V = 2X	BALTIMORE CITY	HEALTH DEPARTMENT	/1	5940
V-000 71 5940	CERTIFICA	TE OF DEATH	REG. NO.	
T. NAME OF DECEASED Young (Type or Print)	Clarence 1	W 2. DATE AND	HOUR OF DEATH	TA A
3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere	deceosed lived. If instit	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	A. STATE B. COUNT		CITY LIMITS?
Almon Memoral	the costal	Balto	Y	ES NO
number municipal	a cope core	2510 Bask	ley	
101	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTHY SS	AGE IIn years	If Under 1 Ys. If Under 24 Hts. Months Days Haurs Min.
IOA, USUAL OCCUPATION (Give kind of work 108, kind of work 108, kind of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
Ketired)		N.C.		W. St.
Daniel Yours		14 MOTHER'S MAIDEN NAM	Enoun!	/
5. Was Decessed Ever in U. S. Armed Parces? Yes, no or unknown) (III yes, give war or dates of se	security no.	Theleure Journe		leolur Rd.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Kespir. In	butt.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d injury or compilcation which caused death.	sease,	A CONSEQUENCE OF:	idrom	405.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, rise to the above cause (A) stalin UNDERLYING CONDITION last.	giving (8) DUE to, OR AS	A CONSEQUENCE OF: alcololi	fu	YA,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORME 214. ACCIDENT WAS UNDERLYING [1]	JTING ASEV			***************************************
19A-DATE OF OPERATION 19B CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208. IP YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
21A: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY le.g., home, form, factory, street, etc.)	n or about 21C. WHERE DID	(If th Boltimare 6	City, give exact location)
21D. TIME (Month) IDoy) (Year) House IAPPROX.)	While At Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that ((1) (this hospital) atte	nded the decersed from C	117/	10	2 19 7/
that (I) (we) last saw the deceased allowed hour and from the causes stated ob			t in (my) (aur) opinio	an death accurred on the date
23A. SIGNATURE			itaff (2)	3B. DAYE SIGNED
23C. PHYSICIANS NAME IType) TH2EK	DEGREE		A H	92///
24A. BURIAL CREMATION, 24B. DATE	DEGREE 24C. NAME of CEMETERY OF CE	MATORY 24D. LD	CATION ICity.	town, or county) (Stote)
BUTUEL 6-24-71 25A, DATE REC'D BY HEALTH DEPT. 1268, N	maute	UCH EM C	Ballo	RA
111N 22 1971 Robert E. Van	ME OF RIGISTRAR	Regnan	Sanderec	217 E Treston
75 150-REV. 1/1/68				1 57

VS 150-REV. 1/1/65

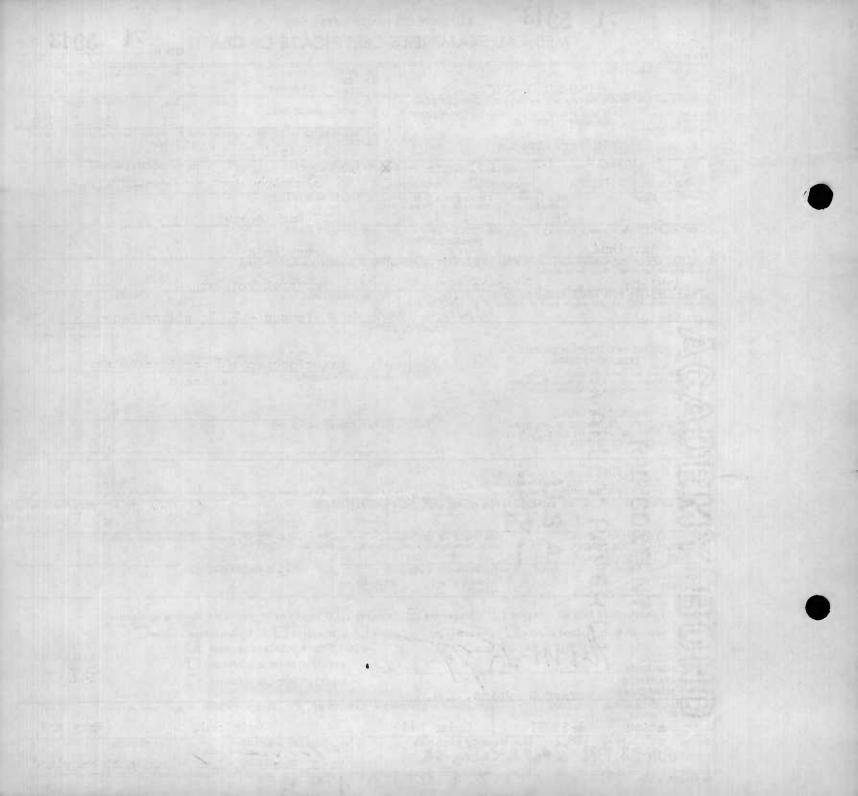


K	3-53	71 5	942		HEALTH DEPARTMENT	r	1 59	42	
BIR	TH NO.		DIA	CERTIFICA	TE OF DEATH	REG. NO.			
1. N (Ty	AME OF DEC				2. DATE	AND HOUR OF DEA	TH		
	Wa	alter A. (or				6/18/71		5:30	A. M.
3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. I	f institution; res	idence before	admission)
HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Md.) ID 11	NSIDE CITY LIM	83	3
	22	Johns Hopk	ring Hos	DOA	City	3. 11	YES X	ио □	1
-				Sp. Doze	E. STREET AND NUMBE	R	930		,
36	19				11)1 N. Mi	lton Ave.			
5. 9	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under Months D	Yr. , If Ung	der 24 Hrs.
	M	W	WIDOWED		6/25/12	lost birthdoy)	Months	oys Hours	Min.
10A	USUAL OCCI	UPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	12. CITIZE	N OF WHAT	COUNTRY?
don	Wire Dr	working life, even if relired)	The second second	Steel Co.	Baltimore				
13.	FATHER'S NA		ALL SILCO	DUCCT OO!	14. MOTHER'S MAIDEN	NAME		U.S.	•
1					THE THE PARTY OF T	IVANIE .			
16	W D1	August Schm			Augusta Ey	ring			
(Yes	, no of unknown	Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS	
	yes	WW II		214-26-8301	Robert A.	Schmidt (bro	ther) 82	222 Dors	et. Arr
П	18.	9,/1		CAUSE OF DEAT	1			APPROXIMATE I	INTERVAL
		E OR CONDITION D	RECTLY		1110	11 /	86	TWEEN ONSET	AND DEATH
		LEADING TO DEATH	dut.	(A) IMMEDIATE CAU		Hemorto	ice	2 d	us.
	hearl failure,	al mean the mode of ostherio, etc. it means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		0		
		plicalian which caused		α	06/0			36	10
	/	ANTECEDENT CAUSES	5	(B) Creb	rat the a	Nasez		acri	401
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	D		/ ^	
	UNDERLYING	CONDITION lost	sioling the	(c) Cara	mm 0/16	tury		14	1.
		11		(0/					
ON	OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING						
ATI		H BUT NOT RELATED TO 1 ONDITION GIVEN IN PAI		*************		******************			
CERTIFICATI	19A. DATE OF		IDITION FOR Y	VHICH OPERATION	20 A. AUTOPSY? (Yes or		E FINDINGS C	ONSIDERED	
ERT	-					IN CERTIFYING C	AUSES OF DE	AIHI	
U	21 A. ACCIDEN OR CONTRIBU	TING CAUSE OF	218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DIE	(li in Baltim	nore City, give	exoct location)	
4	DEATH (notify	medical examined	etc.)	of londy touring arrow an		•		Management was a series	
MEDIC	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
٤	(APPROX.)		Whi	Not While	'C		Management .		
	22	that (1) (this hospita			tus		(1/-		
				6 1417	1	1970 to C	2/18	19	9
	-	last saw the decease				that in (my) (our) o	pinian death	accurred an	the dote
			ted obave. (1)	(We) (did) (did not) v	iew the bady after deat	h.			
	23A SIGNATU	- 1		1000			23B. DATE	SIGNED	,
	Res	1 / 1	200	DEGREE Phys	Med.	Staff Phys.	6/	18/7	/
/	23C. PHYSICIA NAME (T)	No /	//		3D. ADDRESS				
			orge Ric	hards	Greater	Balto. Medi	cal Can	ter	
24A	BURIAL CREA			ME of CEMETERY OF CRE			City, town, or o		(Stote)
	burial								
25A	DATE REC'D	BY HEALTH DEN.	25 NAVE 0	oudon Park Cer	25C. FUNFRAL DIRECT	Balto. Md.		ADDRESS	
	HN 23	100 Parent l	Jewey	7 0 0	Schimune	Funeral Hon	nes, Inc	• 3331P	rehme
VS	150-REV. 1/1/6	8	Ι Τ.		7474	I.or	e, Belt	o Má. g	1213



	71 594	43	BALTIMORE CITY HE	ALTH DEPA	PTMENT				100
1-512						DEAT		71 1	5042
BIRTH NC.	MILI	JICAL	EXAMINER'S	CKIILI	CATE OF	DEAT	H REG. NO	الله و	1940 .
I. NAME OF DECEA	SED			2. DATE	Known 🔲	Month	Day	Year	(7)
(Type or Print)	CONRAD	C AN	тт	OF	Estimated	Monn	Day	Tear	Hour
4. PLACE IN BALTIM	ORE, MARYLAND,	WHERE PR	ONOUNCED DEAD	3. DATE	Estimated Es	Month	Doy	Year	Hour
FULL NAME OF			TITUTION, GIVE STREET	PRONO	UNCED DEAD				
ORINSTITUTION	ADDRESS OR LOC	AllONJ		5. USUAL R	ESIDENCE (Where	6	21	71	2:55 P.
00	12 Park A	Avenue		A. STATE		accedited in	B. COUNTY	n, residence b	/ Colore Guinissign)
6. SEX 7.	RACE	18. MA P.D.	ED NEVER MARRIED	C, CITY OR	Maryland		D. INSIDE C	ITV HAUTES	01
Male	White								
9. DATE OF BIRTH	III.AGE (WIDOW	If Under 1 Yr. If Under 24 Hrs.		Baltimore		Y	ES 🗵 I	NO []
2	last birthd		Months Days Haurs Min.						
II. BIRTHPLACE (Stote	70	?	1 1 1 12. CITIZEN OF		2 Park Av	enue			
			WHAT COUNTRY?	13. FATHER	S NAME				
Mary:		JI 48 KIND	OF BUSINESS OR INDUSTRY	F	lenry Anft				
done during mast of wark	ing lile, even if relired)	CIAD KIND	OF BOSINESS OK INDUSTRY	15. MOTHE	K'S MAIDEN NA!	ME			
Athlete	EVED 101 11 C 4 D 4 C	Bas	eball		Margaret P	reller			
id. WAS DECEASED (Yes, na or unknawn) (il y	es, give war or dates	of service)	7 17. SOCIAL SECURITY NO.	18. INFORA	MANT		A	DDRESS	
No	4		D14-20-8914H	G. A.	Panzer -	7107	Railway	Avenue	e - 21222
19.	4		CAUSE OF DEA	Н					PROXIMATE INTERVAL
DISEASE O	R CONDITION DIRE	CTLY							
	DING TO DEATH		(A)IMMEDIATE C	AUSE Art	erioscler	otic c	ardiova	scular	
heart lailure, ast	neon the mode of di henta, etc. It means the ation which caused de	ying, e.g., e disease,	DUE TO, OR A	S A CONSEQ	UENCE OF:		ease		
injury or camplic	ation which caused de	alh.)							
ANTE	CEDENT CAUSES		(8)						
DISEASES OR C	CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	S A CONSEC	UENCE OF:				
UNDERLYING	CONDITION LAST.	IING INE	(c)						
<u> </u>	11		(C)						
OTHER SIGNIFIC TO THE DESASE OR CO	ANT CONDITIONS C	ONTRIBUTI	NG						
DISEASE OR CO	BUT NOT RELATED TO NOTION GIVEN IN P	ART 1 (A).	NAL						
20A. DATE OF OP			OR WHICH OPERATION WA	S PERFORM	ED			21. AUTOP	SY? (Yes or Na)
and the second second								No	
	CAUSE WAS	2	28. PLACE OF INJURY (e.g.,	n ar obaut 2	C. WHERE DID (Il in Boltimor	City, give exc		
UNDERLYING CAUSE		h	2B. PLACE OF INJURY (e.g., lame, farm, lactary, street, office	bldg., etc.) IN	JURY OCCUR?		City, give exc	ici idediidii)	
2 22D. TIME (Mon		r) (Haur)	22E. INJURY OCCURRED	12	F. HOW DID INJ	LIBY OCCU	D2		
OF INJURY (APPROX.)	, , , , , ,		WHILE AT NOT	WHILE [NOW DID IIV.	OK! OCCU	Kt		
23.			n. WORK AT W	ORK L					
	that I held an I	nquiry [Inspection 💟 Aut	apsy 🗌	and that on th	la baata .	James to one		
	fram: Natural cau		Aceldent Suicide	-			_		
10301100	10/1	1					ed manner	_	
ACTUAL	WIN	216	NA		HIEF MEDICAL EX				ATE SIGNED
SIGNATURE_	U- U	1,	M.D.		TANT MEDICAL E		_	6	22 71
EXAMINER'S NAME (Type)		II C	N.D.	ASSO	CIATE MEDICAL E	KAMINER		C	5-22-71
24A. BURIAL CREMATI	WEI HEI	u. Sp	IZ. M.D.	r CREMATO	RY IZAD I	OCATION	(City to	, ar county)	(c, .)
REMOVAL (Specily)		7.1							(State)
Cremation 25A. DATE REC'D BY	6-22-7		Cedar Hill			itland			ryland
JUN 23		6 0	ME OF REGISTRAR	25C, F	UNERAL DIRECTO		Al	DDRESS	
3011 20	13/1 1/604	C	lacken M.D.	W.	B. Bradle		Dun	dalk. N	Maryland
VS 151-REV. 1/1/68		13		7 4	0 1 1				

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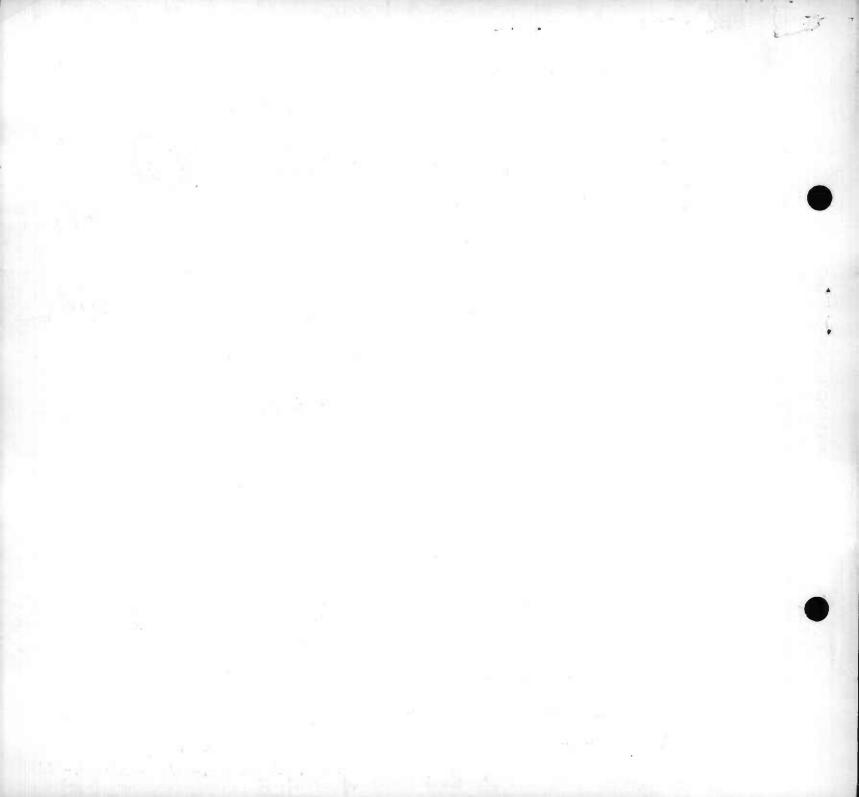


VS 150-REV. 1/1/68

IMPORTAINT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

(100)		BALTIMORE CITY	HEALTH DEPARTMENT	5046
BIRTH NO.	71 5946	CERTIFICA	TE OF DEATH RE	G. NO.71 5946
1. NAME OF DECEASED			2. DATE AND HOUR	OF DEATH
90	LY LSMOOT		6/20	/71 10:40 PM
3. PLACE IN BALTIMORE	MARYLAND, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY	d lived. If institution: residence before admission)
FULL NAME OF (IF	NOT IN HOSPITAL OR INSTI-	TUTION, GIVE STREET	Md. Baltimore	5300
HOSPITAL OR AL	DRESS OR EOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
48			E. STREET AND NUMBER	YES NO 🔀
MARYL.	AND GENERAL		1925 Feather	1
5. SEX 6. RAC	7. MADDIET	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (Ir	
Temale 4	hite WIDOWED		4-2-92 lost birthde	Months Doys Hours Min.
IOA. USUAL OCCUPATION	(Give kind of work 10B, KIND O		11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY
done during most of working to At Home	fe, even if retired)		0.4.1	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	4.8
Hillary	Reeder	1 6. SOCIAL	Unknov	
	U. S. Armed Forces? give wor or doles of service)	SECURITY NO.	17. INFORMANT	ADDRESS
NO				ox 309 Marriottsville Ro
18. 4/0	/ 1	CAUSE OF DEAT	Randallstown, Md	21133 APPROXIMATE INTERVAL
	ONDITION DIRECTLY			\$ /
IThis does not mean	the made of dving. e.g.	(A) IMMEDIATE CAU	ISE MYO Carolial A CONSEQUENCE OF:	infaction haves
heart failure, asthenia	o, etc. It means the disease which caused death.)	00010,0000	A CONSEQUENCE OF:	
	DENT CAUSES	0.0	0110	
	IDITIONS, if any, giving	(B) TO, OR AS	A CONSEQUENCE OF:	Year
inse to the obaye	couse (A) stating the			
ONDEREING COM	ATION IGSL	(c)		
OTHER SIGNIFICANT C	II ONDITIONS CONTRIBUTING	chronic	neual disease	
E ITO THE DEATH BUT N	OT RELATED TO THE TERMINAL N GIVEN IN PART 1 (A).	renal	failure, anus	ia days
19A-DATE OF OPERATE 6/18/7/6/20/	ION 198 CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF	ES, WERE FINDINGS CONSIDERED
6/18/ 6/20/	21 anuri	a	IN CERI	IFTING CAUSES OF DEATH?
OR CONTRIBUTING	UNDERLYING 21 E	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	or obout 21 C. WHERE DID (I fice bldg., INJURY OCCUR?	f in Boltimore City, give exact location)
DEATH (notify medical	exominer) etc.	3		
OF INJURY (Month)	(Doy) (Year) (Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJURY OCC	JR7
(APPROX.)	Wi	hile AI NoI While		
22. I certify that (1)	(this hospital) attended t		6/17/7/ 10	6/20/7/19
			19 and that In (mu)	(aur) apinian death accurred an the date
and have and from t	he causes stated above. (I) (We) (did) (did not) w	low the hade often death	(out) opinion death accorded an the date
23A. SIGNATURE		()	tew the budy utter decin.	23B. DATE SIGNED
(Val	. 6 1	Atter	nding Med. Staff	6/20/21
23C. PHYSICIAN'S NAME (Type)	~ ~ ~	DEGREE Phys	BD. ADDRESS	0/20/11
NAME (Type)	J. 5/NG		May 0. 0	20 0 10
24A. BURIAL CREMATION REMOVAL (Specily)		AME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Burial	6-23-71 W	oodlawn Cem		ore, Maryland
JUN 23 1971	LIN DAT. OF E 25E NOWE		25C. FUNERAL DIRECTOR	Chapel-4600 Liberty Hts
9911			Armacost Funeral	Traffer - 4000 Progres Ure

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Heart care and the same

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/	2-261 2 24	BALTIMORE CITY	HEALTH DEPARTMENT	1	
	n NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 5947
Typ	AME OF DECEASED			ND HOUR OF DEATH	
2 D	e or Print) GAUGER, ALICE LEONA		JUN 4. USUAL RESIDENCE (Who	IE 20, 1971	5:25P N
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	A. STATE B. COU	ere deceased lived. If ins NTY	titutian: tesidence belare admissian)
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMOR	F 5300
NS.	ST. AGNES HOSPITA	II.	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
	CATON & WILKENS AV	ENUE	BALTIMORE		YES NO X
	BALTIMORE MARYLAND	21229	E. STREET AND NUMBER		
. (1			4159 HOLLIN		AD 21227
00	FEMALE RACE 7. MARRIED XXIII	DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Manths: Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI		09 22 01	69	12. CITIZEN OF WHAT COUNTRY
lane	during mast of warking life, even il retired)				
2 5	COUNTER WORK BOWLING	ALLEY	MARYLAND 14. MOTHER'S MAIDEN NA		U.S.A.
3. F			14. MOTHER'S MAIDEN NA	ME	
	JAMES THOMPSON		JEANELDA (
5. W	Vas Deceased Ever in U. S. Armed Forces? 16. S no ar unknown! (II yes, give war or dates of service) 5	OCIAL ECURITY NO.	17-RECORDS	AVE BALTO	MD . 21999
		15 07 027	3 ST. AGNES	HOSPITAL C	ATON & WILKENS
1	18. 410.9	CAUSE OF DEATH			APPROXIMATE INTERVAL
- 1	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE POSS. OUI		
	(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. 11 means the discose,	DUE TO, OR AS A	CONSEQUENCE OF:		
	injury or complication which coused death.)	107	mi 1 . T. (Ca Oi van ula	and en
	ANTECEDENT CAUSES	A	rioschrolie (orti	
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	**************	***************************************
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c)			
-					
NO		L1 V2	eine horis		
= 11	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tleelo	elyle on salk	·lu	
Uli	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFI	WAS PERFORMED		NO	IN CERTIFYING CAU	SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLAC DR CONTRIBUTING CAUSE OF home, for	E OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
3 2	DEATH (notily medical examined) etc.)	14 100.0.7, 3.1.0.4	I TO SINGUI I TO COOK.		
		RY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
> I	APPROX 1 While At	Not While			
2	· · · · · ·				0.0
- 1	2. I certify that (M (this hospital) ottended the dec			197110 JUNE_	
l1	hat (X(we) last saw the deceased office on			at [X(X(n)() (our) opini	ion deoth occurred on the dot
	and have and from the source stated above (IVW-)	1 / X X X X 1 E 1 / E 1 E 1 /	ew the body ofter deoth.		
	and hour and from the couses stated above. (1)XWe)	(aia) (aia/ Nos) Ati	,		
	3A. SIGNATURE				23B, DATE SIGNED
2	Sa. SIGNATURE Donato a. Vargas fr	M. O' Atten	ding Med.	Staff Phys.	G-20-7-
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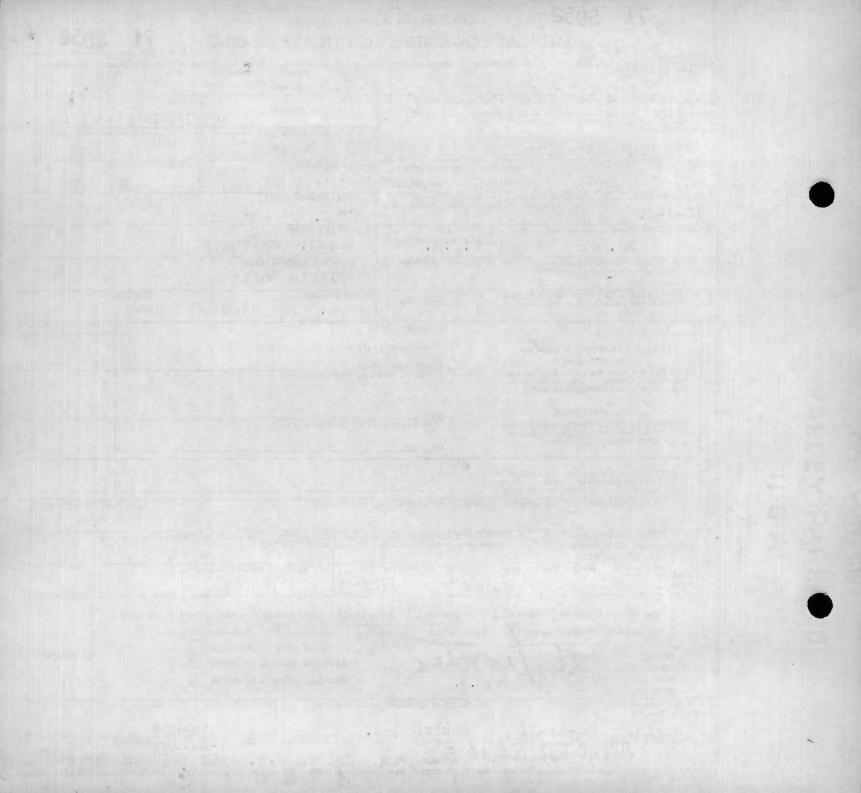
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FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR INSTITUTION	INSTITUTION, SIVE STREET	C. CITY OR TOWN	Baltimo D. INSIDE CI	
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A LL L		Montek 3 Maiden Na	0	
	7 95	Mary Sus	ian Hutchin	. 3
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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(This does not meon the made of dying,		CONSÉQUENCE OF:	1/1/201011	Joe S
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	aiving DUE TO, OR AS		raio vas cuaci a	Trace fees
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11				
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U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore City,	give exoct location)
D 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	218. HOW DID INJ	URY OCCUR?	
ĕ OF INJURY (APPROX.)	While At Not While			
	Work L At Work			- A- 4
22. I certify that (I) (this hospital) atten	ded the deceased from	12-10	to	-21-1971
that (I) (we) last sow the deceased allve	A.		ot in (my) (our) opinion	death occurred on the dat
and hour and fram the couses stated abo	ve. (1) (Me) (did not) v	iew the bady ofter death.		
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KK Gunds	Dhue	nding Med.	Staff Phys.	6-21-71
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	1 121	
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VS 151-REV. 7/1/68



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

address should be 2531 Harlem and MENN GREEN IMPORTANT

DIRECTOR:

FUNERAL

F	P-262	R-326	71	5955 MEDICAL	BALTIMORE CITY HEALTH DEPARTMENT EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2
		RIPTH NO			REO. 110	

RIP	-32	6	MED		EX	AMINER'	S CER	TIFICA	TE C	OF DE	ATH R	7. EG. NO	L	5955	
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	LACE IN BAL						3. D	RONOUNC	ED DEAD		th ·	Doy	Yeor	Hour	
HOS	NAME OF PITAL NSTITUTION	ADDR	ESS OR LOCAT	ION)	IIIUIIOI	N, GIVE STREET		SUAL RESID				17, 19	_	2:0	- M.
1	13sou					Hospital	A. S	TATE M	aryla		B. C	OUNTY	2	5 4	13
6. S		7. RACE		B. MARK	IED 🗌	NEVER MARRIED	C. C	ITY OR TOV			D. I	NSIDE CIT	Y LIMITS?	?	
	fale	Neg	10. AGE (In	WIDOV		DIVORCED er 1 Yr. If Under 24		TREET AND	altin			YES	5 📙	NO 📙	
	14/48	n 	lost birthdoy			Doys Hours					s Fer	ry Roa	d		
11. 8	SIRTHPLACE (S	state or forei	gn country)			IZEN OF	13. F	ATHER'S N							
		yland				HAT COUNTRY?				Roger	rs				
	during most of			4B. KINE	OF BU	ISINESS OR INDU	JSTRY 15.								
114 1	Labore WAS DECEAS	or EVERIN	ILE ADMED	FORCE	-0 11	7 500141	10	DOPO		Samp.	Les	AD	DRESS		
(Yes	noorunknown	(If yes, give	wor or dotes	of service	ן '	7. SOCIAL SECURITY NO					0504			Tom	De De
-	no	1.7	12			CAUSE OF		rothy	Han	mond	2024	HOT.		APPROXIMATE	
CERTIFICATION	heort foilure injury or cor AI DISEASES RISE TO THI UNDERLYIN OTHER SIGN TO THE DE.	, osthenio, etcopion white of the condition of the condit	ONS, IF ANY	diseose, th.) , GIVING THE ONTRIBUTHE TERM	TING	DUE TO		CONSEQUEN	CE OF:	wound					
ERTI						HICH OPERATIO	N WAS PE	RFORMED					21. AUT	OPSY? (Ye	s or No)
	1													Yes	
22A. EXTERNAL CAUSE WAS UNDERLYING 22B. PLACE OF INJURY (e.g., in or obout 10 course 10 course							lary								
	23. I cert	ify that I b	neld an li	nquiry [Inspection 🗌	Autops	<u> </u>	nd that o	an this bo	sis, dea	th in my c	pinion		
	resul	ted fram: h	Natural cau	ses 💭	Ares	cident S	uicide _	Hamic	ide X	Unde	termined	manner [
		01	0.)		1-4	2	CHIE	F MEDIC	AL EXAMI	NER 🔲			DATE SI	GNED
Н	SIGNAT	1 1 1	ans	7	Wy	myal	M.D.	ASSISTA	NT MEDIC	CAL EXAMI	NER A				
	EXAMIN NAME (Гуре)		es S.		ringate, l				CAL EXAMI		J	une	18, 19	71
	BURIAL CRE		24B. DATE		24C.	NAME of CEME				24D. LOCA		(City, town,	_		itole)
	Buris	1	6/22/	71			Aubur			48.5	imore	, Mai	-	nd	
25 A	. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME C	F REGISTRAR		25C. FUN			100		DRESS	arre	9+
J	UN 23	1971	6 Beck E	dal	Sen 1	KD.		Char	Tas	A. R	100	201	11 0 10	, a. I. A	504

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VS 151-REV. 1/1/6B

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11 100	rid CONT	BALTIMORE CITY	HEALTH DEPARTMENT	771	5957
BIRTH NO.	71. 5957.	CERTIFICA	TE OF DEATH	REG. NO.	0307
1. NAME OF DECEASED (Type or Print)	MARCY	ANNA- NOV	AK, JUHE		1 3:30 PN
3. PLACE IN BALTIMORE PULE NAME OF HOSPITAL OR AE	MARYLAND WHERE PR		4. USUAL RESIDENCE (Where A. STATE B. COUNT MARY LA	MD	ution: residence before odmission)
	4-FAIT-AUE	and the second s	BALTIMO	000	ES P NO
100	Foster Avenue		E. STREET AND NUMBER	2404 Foste	0 10 10 11
5. SEX 6. RACE	MAR	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		I Under 1 Yr. If Under 24 His. Nonths Doys Haurs Min.
	(Give kind of work 10B, KIN		11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
	EWIFE	-	BALTIMORE	MD	USA
MICHI	ARL PILI		STAMIS L		CZYNSKI
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Armed Forces? give wor or dotes of servi	16. SOCIAL SECURITY NO. 214-03-4257	17. INFORMANT B STEPHEN	TNOVAK :	ADDRESS 2404 FAFF-AV
18.4/2.4	41	CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIRECTLY	AND THE CALL	se Manie A.	SC.1.D.	10 Yrs.
(This does not meet heart loilure, asthenia	n the mode of dying, o, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication	which coused death.)	0//			
	DENT CAUSES	(B) 0 0	A CONSEQUENCE OF:		
rise to the above	NDITIONS, if ony, give couse (A) stating DITION lost.	the (C)	A CONSEQUENCE OF		
TO THE DEATH BUT N	II ONDITIONS CONTRIBUTION RELATED TO THE TERMIN	NG	None.		
	N GIVEN IN PART 1 (A). 10N 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	20B, IF YES, WERE FINE	DINGS CONSIDERED S. DE. DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH Inchify medical	UNDERLYING CAUSE OF	21B, PLACE OF INJURY (e.g., in home, form, foctory, street, of elc.)	n or obout 21C. WHERE DID	(If In Boltimore Ci	ity, give exoct locotion)
Q 21D. TIME (Month)	(Day) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)		While At Not While Work At Work	0		
	(this hospital) attende		2 15 7/ 19		19
		on 4-14-71 e. (1) (West) (did not) v		In (my) (🌃 opinion	n death accurred an the dote
23% SIGNATURE	le conses stored obov	e. (I) (Westerney) (did not) v	lew the body offer deoth.	231	B, DATE SIGNED
Dry 1	tonow	OEGREE Phys		taff hys.	6-23-71
NAME (Type)	nanvar	MO	2 D. ADDRESS	East	Acce.
24A. BURIAL CREMATION REMOVAL (Specify)		C. NAME of CEMETERY OF CRE		CATION (City, 1)	own, or county) (Stote)
BURIAL 25A. DATE REC'D BY HEA	JUIYE 25-7/	HOLY CROSS	25C. FUNERAL DIRECTOR	RMAN HIC	ADDRESS
HW 23 10	7 BBAEJ	elen Ka	DIANC A PROPE	CINC 18AA	

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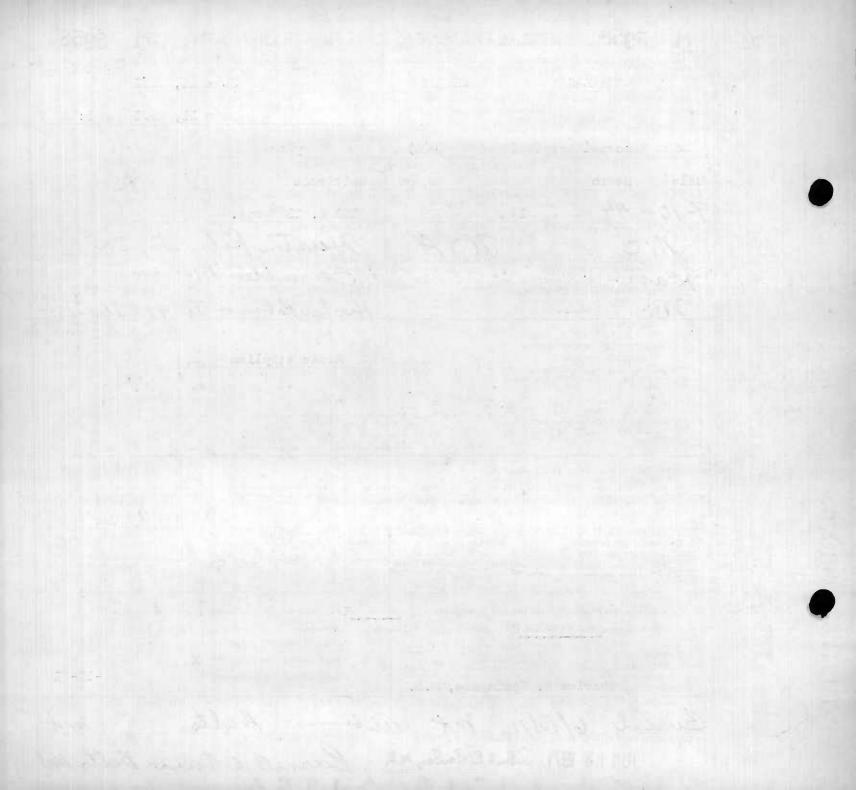
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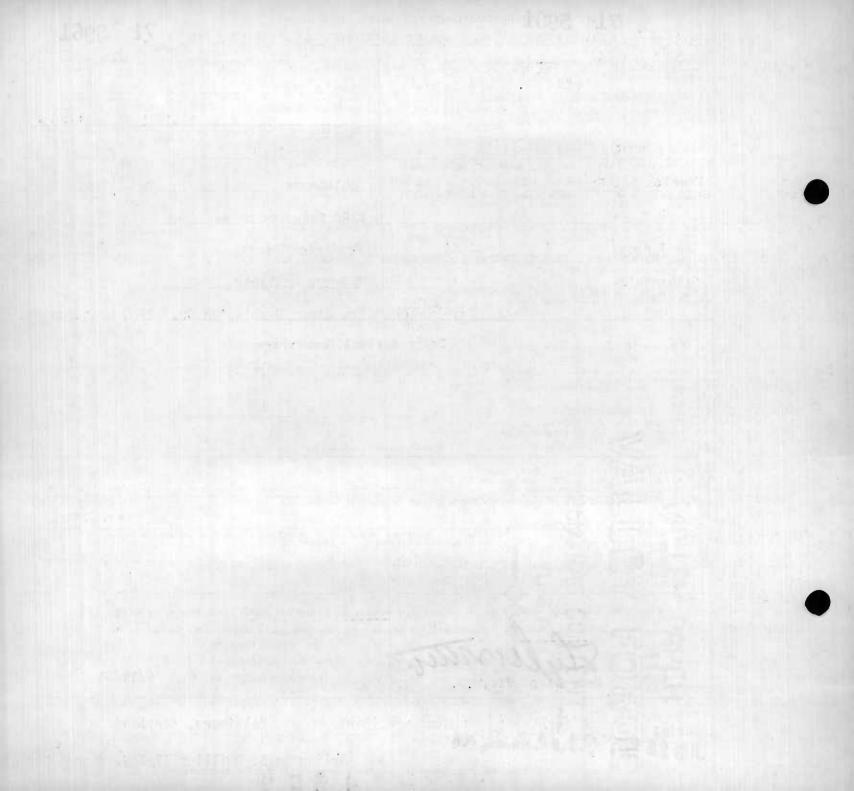
BII	71 5958 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	5958					
-	NAME OF DECEASED	2. DATE Knawn K Manth Day	Year Haur					
(Ту	charles Robinson	OF 5 11 1071						
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Dov	Yeor Hour					
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOLINCED DEAD						
	SPITAL ADDRESS OR LOCATION) INSTITUTION	June 11, 1971						
		5. USUAL RESIDENCE (Where deceased lived. If institution: re A. STATE B. COUNTY	esidence before admission)					
	Union Memorial Hospital (DOA)	Maryland	1104					
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?					
1	Male Negro widowed Divorced	Baltimore YES	No 🗆					
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	E. STREET AND NUMBER	~					
19	7-10-44 1031011111004) 26	208 E. 23 rd S;t.						
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
н	MyAT COUNTRY?	How To Robinson	Sn					
144	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY		070					
dan	e during most of varking life, even if retired)	An Ila more						
16	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADD	DECC / //					
	s, neo uknawn) (If yes, give wor ar dates of service) SECURITY NO.	2/ + 00	Ch Sustly "					
	110	Histon Robinson, Jr. 973	Julene ST					
П	19. 3 0 3 4 1 CAUSE OF DEAT	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (A) IMMEDIATE CAUSE Acute ethylism							
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:						
	Injury or complication which coused death.)							
	AAITECEP PAIT CAUCEC							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z	C)		*****					
CERTIFICATION	II .							
₫	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
#	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
黑	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 2	1. AUTOPSY? (Yes or No)					
7	~		Yes					
lŏ		in or obaut 22C. WHERE DID (If in Boltimore City, give exact I	ocotion)					
<u>a</u>	UNDERLYING OR CONTRIB- hame, farm, factory, street, affice	a blag., etc.) hadden decok:						
Σ	22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?						
	OF INJURY (APPROX.) m. WHILE AT NOT AT W	WHILE						
н	23.	ORN 🔲]						
	I certify that I held on Inquiry I Inspection Au	topsy X and that on this basis, death in my op	inion					
	resulted from: Natural couses Accident Suicid	Homicide Undetermined monner						
	ACCOUNT TO SOLUTION OF THE SOL	CHIEF MEDICAL EXAMINER						
	ACTUAL ()		DATE SIGNED					
	SIGNATURE MAD		(10 71					
	EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	6-12-71					
24		- CREMATORY 240 LOCATION (C)	(5)					
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, o	r county) (Stote)					
1/2	Surial 6/6/21 mx a	ubun Balto.	md					
25	A. DATE REC'D BY HEALTH DERT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS					
	ILIN 23 1971 Robert E. Farber, M.D.	l a a ma	R. Ot 2.1					
	0011 20 1011	Jurnell B. Wden-	ballo. Ma.					
VS	151-REV. 1/1/68	0 4 9 5 4	\vee					







(1)-252 71 5961 MEDICA	BALTIMORE CITY HE			71 5001
W-200 MEDICA	AL EXAMINER'S C	CERTIFICATE OF	DEATH	EG. NO
1. NAME OF DECEASED FREDER	TCA .			
(Type or Print)		2. DATE Known	Month	Doy Yeor Haur
DORIS F.	WASHINGTON	DEATH Estimated		М.
4. PLACE IN BALTIMORE, MARYLAND, WHERI		3. DATE PRONOUNCED DEAD	Month	Doy Year Hour
HOSPITAL ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	THOMOGRAP DEAD	June 19	2:45 А. м.
OR INSTITUTION		5. USUAL RESIDENCE (Who		(institution: residence before admission)
2700 Longwood Stree	et	Maryland		1537
	ARRIED NEVER MARRIED	C. CITY OR TOWN		NSIDE CITY LIMITS?
	OOWED DIVORCED	Baltimore		YES NO
9. DATE OF BIRTH 10. AGE (In year	s If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER		II3 LA NO LA
last birthday)	Months Days Hours Min.	0700 7		
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	2700 Longwood	Street	
	WHAT COUNTRY?			
New Jersey 14A.USUAL OCCUPATION (Give kind of work) 14B. K	USA	Frederick Mun	dy NAF	
dane during most of warking life, even if retired)	THE OF BUSINESS OR HADOSIKI			
Mathamthic		Rebecca McCla	rty	
16. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war ar dates of ser	CES? 17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRESS
No	151-16-5748	Mr. James Was	hington J	c. 2700 Longwood St.
19.4131.9	CAUSE OF DEA	тн		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Intracere	ebral Hemorrhage	2	
LEADING TO DEATH	(A)IMMEDIATE C	Alice		
(This daes not mean the made of dying, e heart failure, asthenia, etc. It means the disea	DUE TO, OR 4	AS A CONSEQUENCE OF:		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)	AS A CONSEQUENCE OF:		
)II				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1 20A. DATE OF OPERATION 20B. CONDITION	ERMINAL	• • • • • • • • • • • • • • • • • • •		77 767 P77 6 777 76 78 P77 P77 P77 P77 P77 P77 P77 P77 P77
20A. DATE OF OPERATION 208. CONDITI	ON FOR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No)
				yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	228. PLACE OF INJURY (e.g., home, farm, factory, street, office	in or about 22C. WHERE DID e bldg., etc.)	(If in Baltimare Cit	y, give exact lacation)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)		WHILE		
23.	III. WORK AT W			
I certify that I held an Inquir	y Inspection Au	tapsy x and that on	this basis, dec	th in my opinion
resulted from: Notural couses	Accident Suicid	le Homicide	Undetermined	monner
		CHIEF MEDICAL		
ACTUAL VI	1/Wells	ASSISTANT MEDICAL		DATE SIGNED
SIGNATURE CONTRACTOR	M.D	ASSOCIATE MEDICAL		6/19/71
EXAMINER'S Peter Lipko	ovic,M.D.	ASSOCIATE MEDICAL	EXAMINEK (A)	0/19//1
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY			(City, tawn, or county) (State)
Runia 6-29-71	Arbutus Mem.	Park B	altimore,	Maryland
DIR I al				
254 DATE SE DEMORALITO SELLA S.	AME GISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
25 JUNE 28 1877 LT (258) & &	AME GISTRAR			address s 1727 N. Monroe Stre



Harkness

Funeral

Home

Port

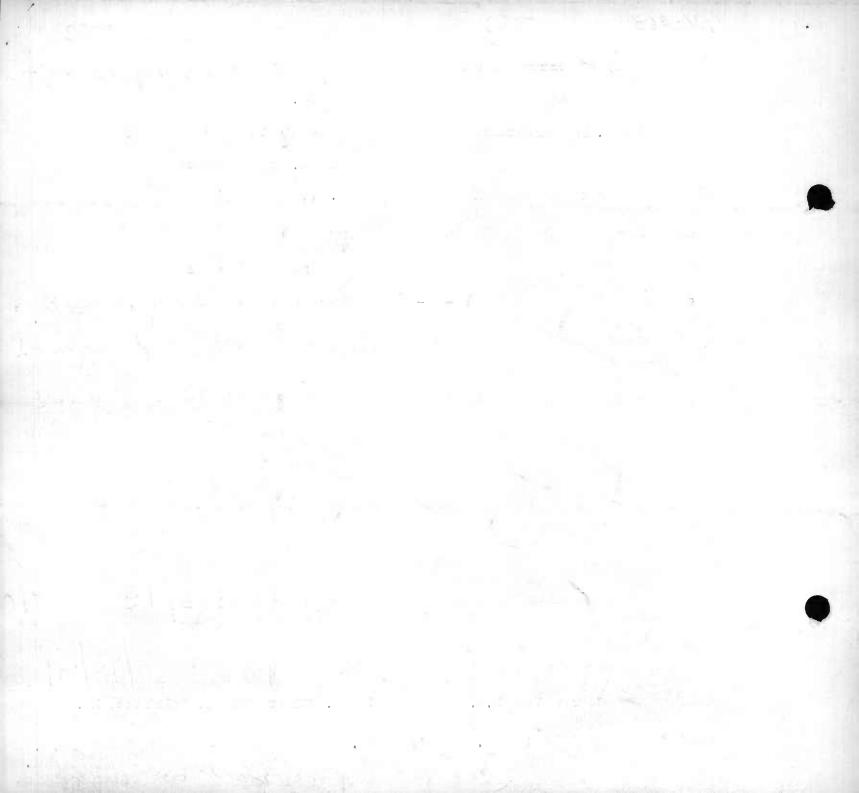
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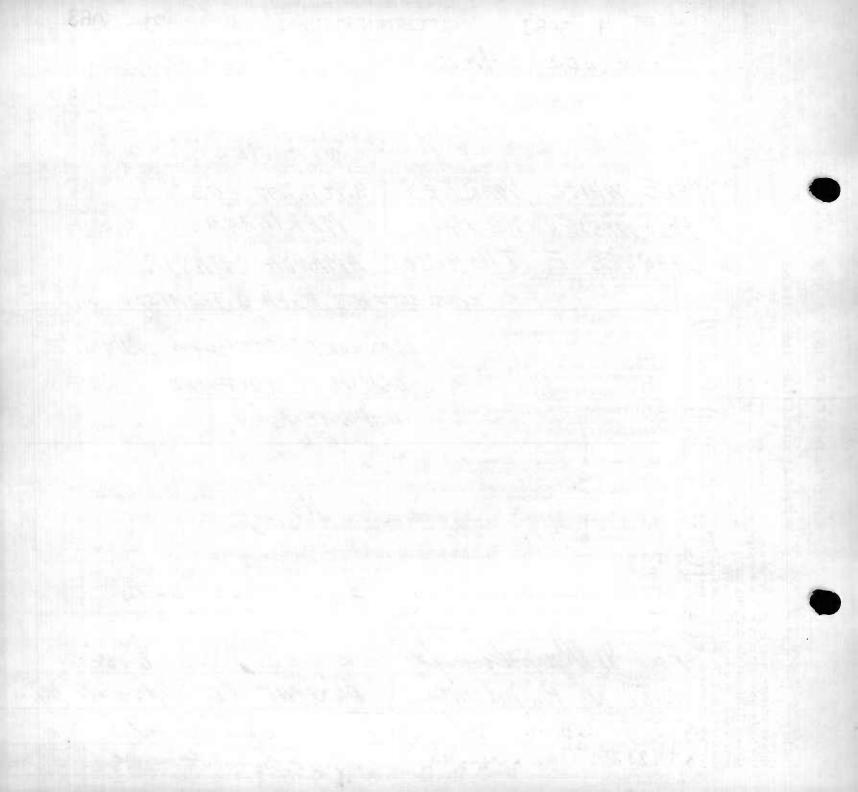
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



T-5121	BALTIMORE CITY	HEALTH DEPARTMENT	1/	-00
BIRTH NO. 71 5963	CERTIFICA	TE OF DEATH	Registered No.	71 5963
M.E. CASE NO.			D HOUR OF DEATH	
(Type or Print HARLES	H.THOMP	SON JUN	E 18,19	71 6:15PN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceosed lived. If in	stitution: residence before admission
FULL NAME OF (If not in hospital or institute oddiess or location)	ution, give street	C. CITY OR TOWN (If out	HOWA	PD 6300
INSTITUTION	CPIAL	MARRIO	275VIL	URAL and give township)
OST AGNES HO.	SPICHO	D. STREET ADDRESS (If	ural, give lacation)	~ ~
		Mount VI	EW KO	4D
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years last birthdoy)	If Under 1 Yi. If Under 24 Hrs Months: Doys Haus; Min.
MALE WHITE	MARRIED	SEPT 12,1897	73	
IOX. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)		11. BIRTHPLACE Siote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
POST MASTER 4	S. MAIN	MAKYL.	AND	Z.S.A.
3. FATHER'S NAME	- 11 2	14. MOTHER'S MAIDEN NAM	AE	
CHARLES E. 1	HOMPSON	AMANDA	DAVI.	S
5. Was Deceased Ever in U. S. Amned Farces? Yes, no ar unknown? (If yes, give war ar dates of ser	vice) 16. SOCIAL	17. INFORMANT		ADDRESS BOVE
Ma	217-32-8272	MRC PUTH	3. THOMI	SON WIFE
18. 4/0	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0	· · · · · · · · · · · · ·	-0 -0 10	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) (O/C	ONORY IMICE	11130518	MNUTE
heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,			100
ANTECEDENT CAUSES	(B) AS	CVD. e C	HF. AND	YRS.
DISEASES OR CONDITIONS, if ony,	DUE TO		*	
rise to the obove couse (A) stoting		IPERITURE	N	
UNDERLYING CONDITION lost,				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, a	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exact lacolion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, a	ffice bldg., INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Nat Whil			
	Work At Wark		-//	- 18 197/
22. I certify that (I) (this haspitel) often	1 1	. 17/	966106	
that (I) (we) lost sow the deceased alive			of in(my) (out) opin	nion deoth occurred on the do
ond hour ond from the couses stoted obo	ve. (I) (We) (did not)	riew the body ofter deoth.		loan DATE CICALED
73A. SIGNATURE	And And And	ending Med.	Staff	23B. DATE SIGNED
23 C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	6-10-11
NAME (Type) , NAME (Type) , NAE / W. BUY!	utunsal M.D.	OBRECHT	Ra Si	kenrele het
24A. BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CH	MATORY 24D. LC	CATION (Ci	ly, town, or county) (State)
Burial 6-21-71	Mr Vien	- Ull	Ha Howa	erel Co., mal.
JUN 23 197 Cabe 258. N	AME OF REGISTRAR	HOLGET HE	neral Hom	e Chykewille,
VS 150-REV 1/1/65		0 2 29 6 1	1	



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES T NO II Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? USA T. L. FITZPATRICK APPROXIMATE INTERVAL 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in(my) (aplntan death accurred an the dote 23B. DATE SIGNED BALTO. MD. MITCHELL-WIEDEFELD HOME 6500 VS 150-REV. 1/1/6B

Total and the last of the last

ALS VALUE A AMP. 18, 18, 19, 18, 18

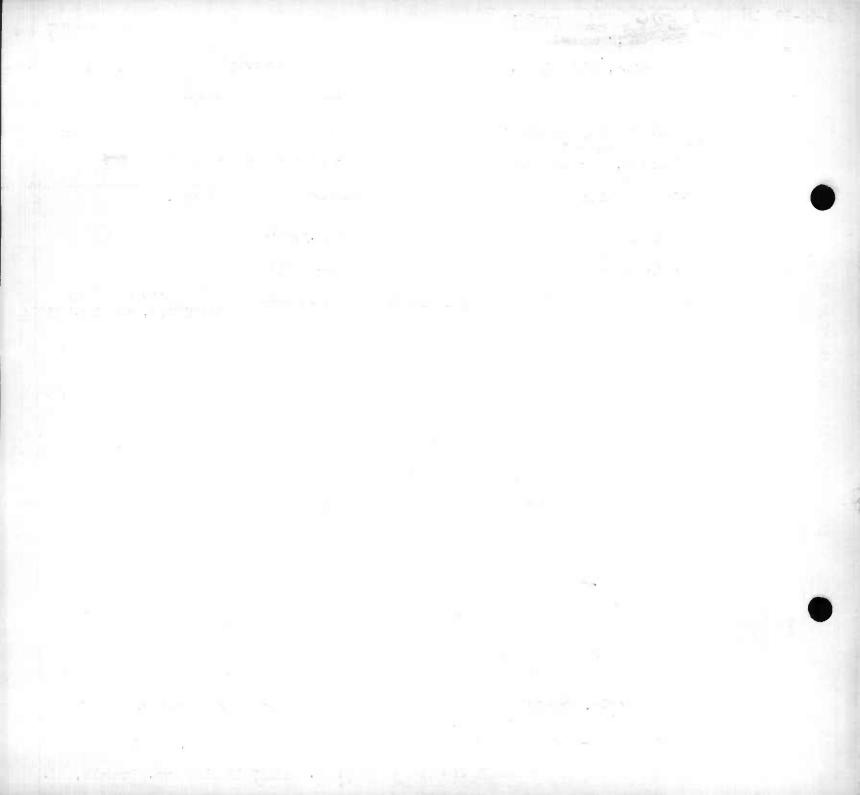
DESCRIPTION OF STREET, CONTROL CONTROL OF STREET, NO.

TEAN SAROW.

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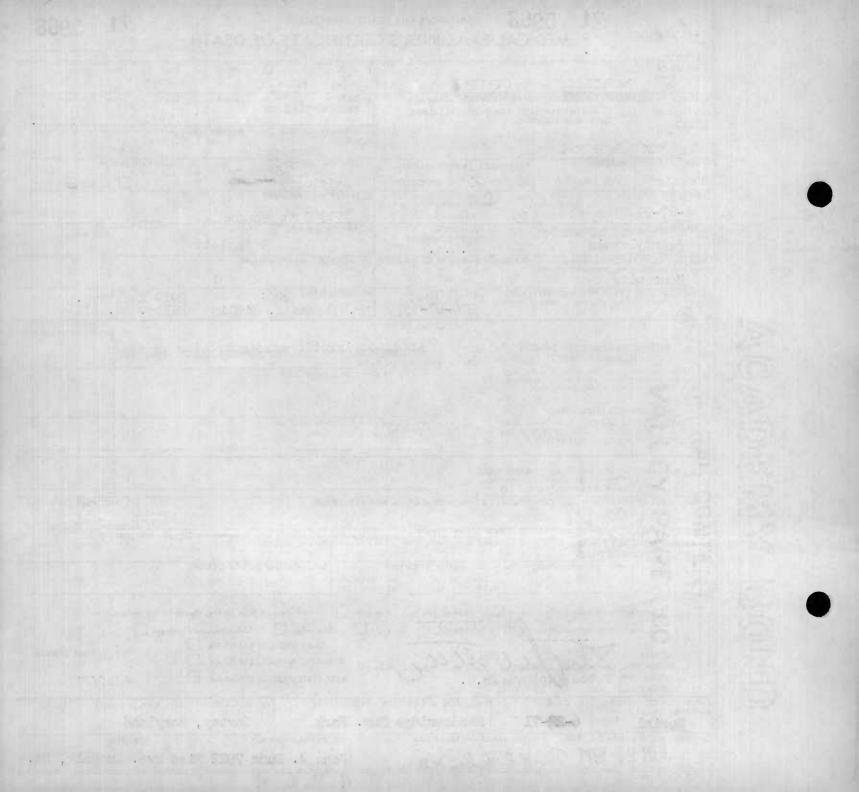
NAME OF THE PARTY
TO SE COLUMN TO SERVICE THE SECURITARY OF THE SECURITARY AND THE SECUR

41-04-59 1H	BALTIMORE CITY HEALT CERTIFICATE C	X						
oital and of deatl Decease e on th	Coyne, Michael Sr.	2. DATE AND HOUR OF DEATH 6/21/71 4:00 A						
hosp use ; (5) danc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION) C. CITY	OR TOWN D. INSIDE CITY LIMITS?						
rred in a buting ca led cause ar attent prior to	Baltimore, Maryland 21224 92	Dundalk YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE						
occur ontrib ermin regule	WANTED TO LEAD TO THE PARTY OF	9. AGE (In years last birthday) 25-02 Position of the property of the prop						
if death ect or c. 4) Undet was in the dece	Retired Pe 13. FATHER'S NAME Martin Coyne Pe	Pennsylvania USA 14. MOTHER'S MAIDEN NAME Mary Collins						
assistant if the dil the	No SECURITY NO. 211-07-0162 BCH	APPRESS 4940 Eastern Avenue Baltimore, Maryland 21224						
RECTOR: IMP(lexaminer or his examiner. Also, (3) A fracture of ar in who pronounce in regular attend s are embalmed o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart faiture, asthenia, etc. it means the disease, injury ar campficalian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last, CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSE (B) DUE TO, OR AS A CONSE (C) Addled	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACLOTOXIC SLOCK ACCOUNTY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACLOTOXIC SLOCK ACCOUNTY						
ef medic medic ly burn physician we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198-CONDITION FOR WHICH OPERATION WAS PERFORMED 120A	AUTOPSY? (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
her (S	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	21G: WHERE DID III In Boltimore City, give every location						
hos natu d (6)	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?						
of any all (e)	22. I certify that (1) (this haspital) attended the deceased fram 3/25/71 19 ta 6/21/71 19 that (1) (we) last saw the deceased alive an 6/21/71 19 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
a horizon	23A. SIGNATURE CeCSS Attending Phys.	Med. Stuff Phys. 238, DATE SIGNED						
certificate mody was reless (1) An acc D.O.A. at a lassed prior to	NAME (Type)	40 Eastern Avenue Balto., Md 21224						
This certification of the body shows: (1) was D.O. deceased written a	Burial 6-24-71 Sacred Heart of Jesu 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR' 25C.	Baltimore, Maryland FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS						
	VS 150-REV. 1/1/68							



VS 151-REV, 1/1/68

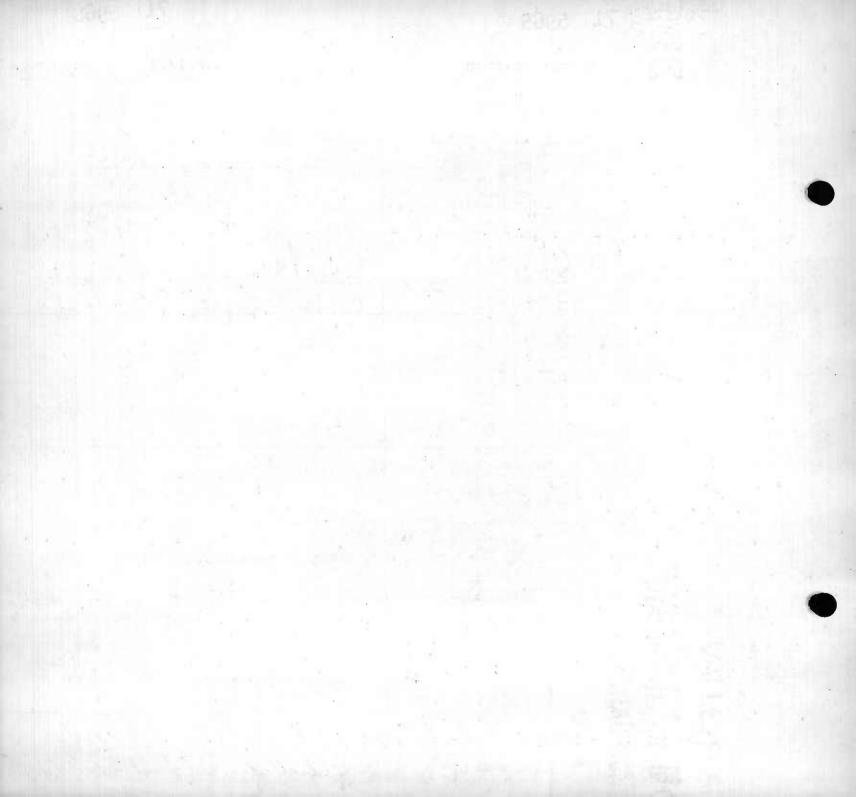
John J. Duda 7922 Wise Ave. Dundalk, Md.



IMPORTANT

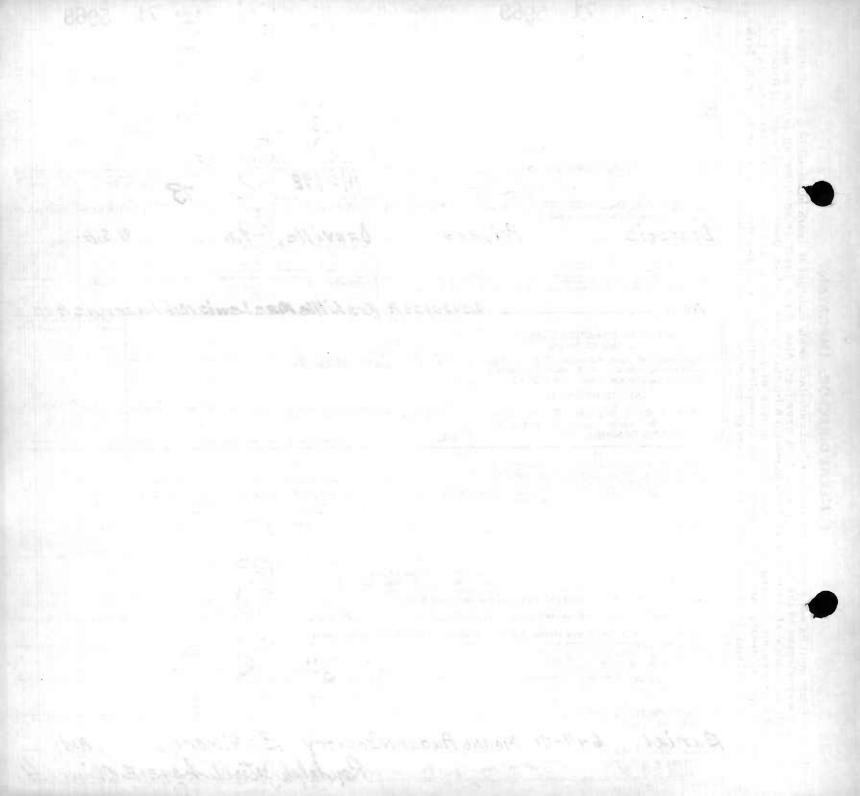
FUNERAL DIRECTOR:

C 215	-		BALTIMORE CITY	HEALTH DEPARTMEN	IT .	
BIRTH NO.	71	5967.	CERTIFICA	TE OF DEAT	H REG. NO.	5967
1. NAME OF DE	and a		Stevenson	2. DA1	E AND HOUR OF DEATH	0,,,
3. PLACE IN BA	ELLENS LITIMORE MARYLAND, V		ENSON	La Hella Lagrana	6-19-71	5.15 p.
FUCER HOSPITAL OR INSTITUTION	TIFICA T	E AA	FNDED 6-23-71 HOSPITAL	A. STATE B. C. MARYLAM C. CITY OR TOWN Bel Air	(D	stitution: residence belore admission DE CITY LIMITS? YES NO X
Union	n Memorial Hes		1100171111	E. STREET AND NUMB	ENDALE RI	
Female=	6. RACE White	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10/23/15	9. AGE (In years last birthdoy)	If Under 1 Ya , If Under 24 Hr. Months Doys Hours Min.
done during most o	CUPATION (Give kind of world working life, even if refired)	MOTO A	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of	IRELAND	12. CITIZEN OF WHAT COUNTE
JOHN	MATE	, -		14. MOTHER'S MAIDEN MAUD	DUFFY	
5. Was Decease Yes, no or unknown NO	d Ever in U. S. Armed For n) (If yes, give wer or dete	ces? s of service)	16. SOCIAL SECURITY NO. 229-36-4031	A LOTTON A PER	sband) S <i>TEVENSO I</i> V	ADDRESS SAME
DISEASES of the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last.	slating the	(8) HETH DUE TO, OR AS	SVHO/C A CONSEQUENCE OF:	CARCINGA	1 4
DISEASE OR C	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198 CON WAS PERF	HE TERMINAL I 1 (A). DITION FOR W	HICH OPERATION	20A AUTOPSY? (Yes o	I No. 208 IF YES, WERE F	INDINGS CONSIDERED
21 A. ACCIDE OR CONTRIBI DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF medical examines	218.	PLACE OF INJURY (e.g., in b, lorm, foctory, street, offi	or obout 21 C. WHERE DI	D //I In Boltimore	City, give exect location)
21D. TIME OF INJURY (APPROXI	(Month) (Doy) (Yeor)		INJURY OCCURRED e Al Not While At Work		INJURY OCCUR?	
that (I) (we)	that (I) (this hospital	d alive on	e deceased from 79		d that in(my) (our) opini	0 - 19 19 7/ Ion death occurred on the do
23A. SIGNATU	fuau M.	od abave. (1)	(We) (did) (did net) vi			23R DATE SIGNED
PHYSICIA NAME (T	JUHIY	M.		1.D. U		RIAL HOSP.
REMOVAL (Burial Burial	MATION, 248. DATE 6/23/71		ME of CEMETERY of CREATERN OF Faith	Cemetery 245		town, or county) (Stotel
A. DATE REC'D	1971 Robert	E. Jabe	REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS Ave. Dundalk, Md.

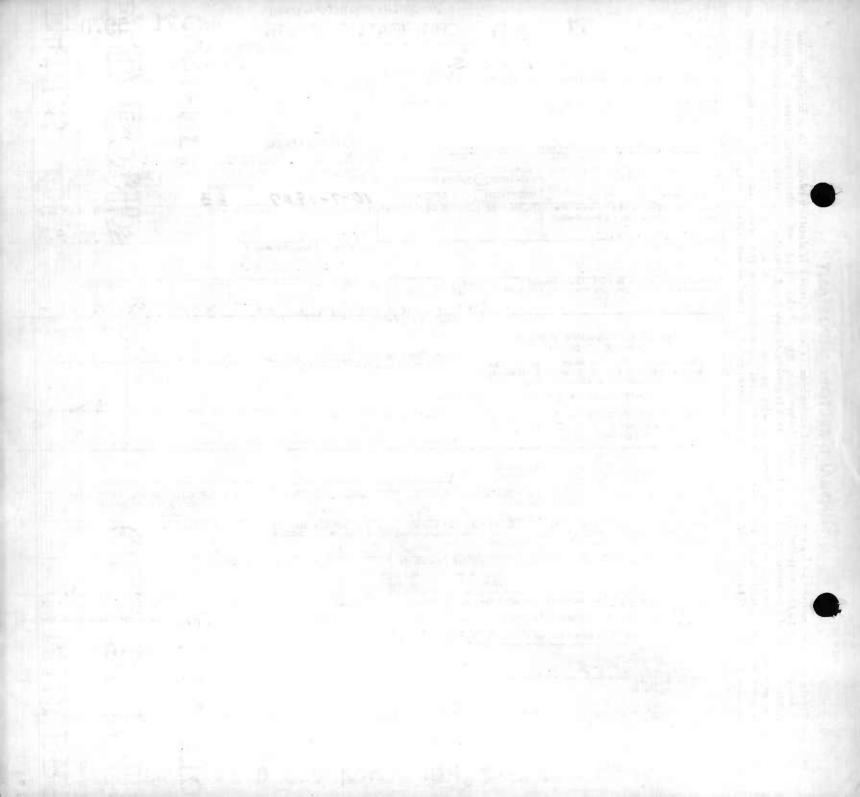


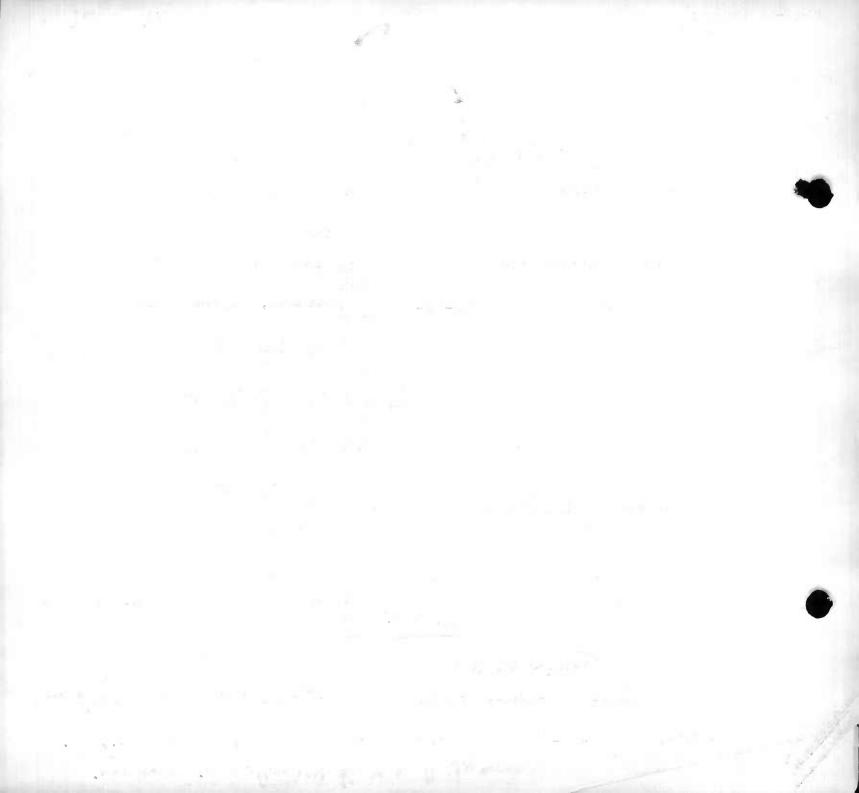
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

T End	71 5969	BALTIMORE CITY	HEALTH DEPARTMENT		71 5000			
BIRTH NO.	- 2 0000		TE OF DEATH	REG. NO	7 3303			
1. NAME OF DECEASED	11110			AND HOUR OF DEATH				
E	MMA TA		Jo		7:35 A. M.			
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. CO	There deceased lived, If in:	stitution: residence before admission)			
FULL NAME OF OF NO	T IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland		853			
HOSPITAL OR ADDR			C. CITY OR TOWN Baltimore		DE CITY LIMITS?			
RITOHNS HO	PKINS HOS	PITAL	E. STREET AND NUMBER		YES-EN NO			
2301112				rne Avenue				
5. SEX 6. RACE	7- MARI	NEVER MARRIED	B. 04/20/98	9. AGE (In years	If Under 1 Ys., If Under 24 His.			
FEMALE NE	600	WED KIK DIVORCED	XXXXXXXXXX	lost birthdoy	Manths Days Hours Min.			
10A, USUAL OCCUPATION (Gi	ve kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	loreign country!	12. CITIZEN OF WHAT COUNTRY?			
Damestic		11/8+R	1-44:11	Wa.	7/ 5 0			
13. FATHER'S NAME		Marte	14. MOTHER'S MAIDEN N	IAME	U.S.A.			
Henry Hubb	pard		Nannie	Trainor				
15. Was Deceased Ever in U. (Yes, no or unknown) (III yes, giv		16. SOCIAL	17. INFORMANT		ADDRESS			
,	e war or dates of serv		1 1/1/2 -0					
18. / - / 1	1	2/5-/2-2623 A	Mrs Lillie Ma	elewis 1016	APPROXIMATE INTERVAL			
7561	IDITION DIRECTLY	0,1000 01, 0011,			BETWEEN ONSET AND DEATH			
LEADING	TO DEATH	(A) IMMEDIATE CAL	ISE CEREBROVA	SCULAR ACCI	DENT 3 weeks			
heart failure, asthenia, e	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.							
injury or complication w	injury or complication which coused death.)							
ANTECEDE	ANTECEDENT CAUSES (B) ARTERIOSCIENOTIC ASCULAR DISCASE YEARS							
DISEASES OR CONDI	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above cause (A) staling the UNDERLYING CONDITION tast. (C)							
	1							
OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG						
DISEASE OR CONDITION C	GIVEN IN PART 1 (A).	100000000000000000000000000000000000000	100					
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT USE DISEASE OR CONDITION OF THE DEATH BUT NOT USE DISEASE OF CONDITION OF THE DEATH OF THE D	WAS PERFORMED	OR WHICH OPERATION	Yes	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
U 21A. ACCIDENT WAS UN	DERLYING	218. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If to Baltimore	City, give exact location			
OR CONTRIBUTING CA	omined	home, farm, factory, street, of	lice bldg., INJURY OCCUR?					
D 21D.TIME (Month)	Doy) (Yeorl (Hour)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?				
OF INJURY		While At Not While						
22 1 anally show /87/al	le hoested) associ	Wark Al Work		1071 to Jun	- 16 10 71			
that (I) (we) last saw t			7		on an annual transfer on the second s			
					ion death occurred on the date			
23A-SIGNATURE	causes stated abov	e. (1) (We) (did) (did not) v	lew the body after death		23B. DATE SIGNED			
Robert A	Adles	M.D. Atte	nding Med.	A CONTRACTOR OF THE PARTY OF TH	11 19171			
23C-PHYSICIAN'S	. 1.000	DEGREE Phys	Director L	Stoff Phys.	Jene 14, 11 11			
NAME (Type)	A An	ER M.D.	JOHNS HOPE	CINS HOSPIT	74-1			
24A. BURIAL CREMATION, 2	B DATE	DEGREE						
REMOVAL (Specify)	24	C. NAME of CEMETERY of CRE	240.	LOCATION (City	, town, or county) (State)			
Burial	6-19-71 N	MUNE AUGURN	Cenetery L	attimore	Md.			
IIIM OO WAREN	258. NA	WE OF REGISTRAR	25C FUNERAL DIRECT	2.8 M. P.	ADDRESS //			
VS 150-REV. 1/1/68	Ulake SIF 3	A NO IN	a roundalplus	Heloluck 24	3/E. Oliver St.			
43 130-UE 40 1/1/00								



C \		BALTIMORE CIT	Y HEALTH DEPARTMENT		
5-300	71 59		ATE OF DEATH	REG. NO.	71 5970
BIRTH NO.	12 00	70 CERTIFICA			30.0
I. NAME OF DECEASED Type of Print)	GGomm .		2. DATE A	ND HOUR OF DEAT	
	SCOTT, 1			6/15/71	9:15 p.
3. PLACE IN BALTIMORE, A	AARYLAND, WHERE P	NONOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If	institution: residence before admission
FULL NAME OF (IF N	OT IN HOSPITAL OR	INSTITUTION CIVE STATES	Maryland		81)8
OSPITAL OR ADD	RESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	10.40	000
() =7			Baltimore	D. 18	ISIDE CITY LIMITS?
5_5			E. STREET AND NUMBER		YES NO
The Johns	Hopkins Ho	ospital	1609 E. Pr	eston Str	reet
SEX 6. RACE	7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under 1 Yr., If Under 24 Hrs.
	egro wind	OWED DIVORCED	10-7-1907	lost birthdoy)	Manths Days Hours Min.
OA. USUAL OCCUPATION (ive kind of work 10B, KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE IStato or for	eign country)	12. CITIZEN OF WHAT COUNTRY
41 . 0			1	_ ^	
FATHER'S NAME	2		Concard,	va.	74. S. A.
~			14. MOTHER'S MAIDEN'NA		
Frank Ca	rey		Ethel Bro	own	
. Wes Deceased Ever in U. es,no of unknown) (If yes, gi	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	ve war or dates of set	SECURITY NO.	0000	11	
ylo !		197-18-1549	Kev. John Ser	th 1609	6, Phoston St
16.15-7.9		CAUSE OF DEA	TH /		APPROXIMATE INTERVAL
DISEASE OR CO	NOITION DIRECTLY				BETWEEN ONSET AND DEATH
	TO DEATH				
(This does not mean	the mode of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	a of law	CALAG.
heart failure, asthenia,	elc. It means the dis	sease,	A CONSEQUENCE OF:		
injury or complication	which caused death.)				
ANTECED	ENT CAUSES	403			
DISEASES OR CONE	ITIONS, if env.	DUE TO, OR A	S A CONSEQUENCE OF:	***************************************	***************
rise la the above	cause (A) stating	the			
UNDERLYING CONDIT	ION last	(c)	***************************************		
	11				
OTHER SIGNIFICANT COL TO THE DEATH BUT NOT DISEASE OR CONDITION	NDMONS CONTRIBUT	TING			
TO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE TERM	INAL			
19A. DATE OF OPERATIO	N 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	al 208. IF YES. WER	E FINDINGS CONSIDERED
194. DATE OF OPERATION 5/10/31	WAS PERFORMED	1. 1. 000	316	IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?
21A ACCIDENT WAS U	NDERLYING T	218 PLACE DE INUITY IS OF	in or about 21C. WHERE DID		
. OR CONTRIBUTING TO	AUSE OF	home, form, foctory, street,	office bidg. INJURY OCCUR?	fit in politim	ore City, give exact location)
DEATH (notify medical es	(omined	etc.)			
210.TIME (Month)	(Dey) (Year) (Houd	21 E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCURT	
(APPROX.)		While At Not Whi			
		Werk L At Work			
22. I certify that (1) (his hospital) atten	ded the deceased fram	June i	19 7/ to J	TUNE 15th 1971
		on June 1		hat In (my) Varle Var	oinlan death occurred on the date
			TI DIN	in fully You'l of	men death occurred on the date
	canses stated apo	ve. (i) (Mg) (did) (did /19/)	view the bady after death.		
23A. SIGNATURE	1 1		10		238, DATE SIGNED
Atrine.	4 6	LAS M. P. DEGREE Phy	ending Med. Director	Staff Phys.	8/15/71
23C. PHYSICIAN'S NAME IType)	- waran	DEGREE!	23D. ADDRESS		1
NAME Type	20 11		C-1		10
STEUSAU	K. HUS	TIN, M.D. DEGREE	550 No.	proadus	44 BALTO Mel
REMOVAL ISpecify)	24B. DATE 2	4C. NAME of CEMETERY of CR	EMATORY 24D. E	OCATION (City, town, or county) (State)
Buch	1 212.	cut O1.	18 + 1	ant.	C. 1
SA. DATE REC'D BY HEALT	H DEPT 1258 M	ME OF REGISTRAR	Venelery /X	Murore	2, Med!
THE REED BY HEALT	238, NA	THE UT REUSTRAK	25C FUNERAL DIRECTO	10 nn 1	ADDRESS
IIM 93 TO	A MARIA E	Martin 14 1 1	O Varion villa VI	Verklick-	243/6/(W/110h) Xt.
\$ 150-8EV: 1/1/61					





BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 71 5972 CERTIFICATE OF DEATH REG. NO. 11 5972	
(Type or Print) BRAUN CHRISTIAN J. 2. DATE AND HOUR OF DEATH THAT 22 1971 2 35	ia
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admit as STATE B. COUNTY	ssion)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR OWN C. INSIDE CITY LIMITS?	2
ELLICOTT CITY YES NOW	
BON DECOURS HOSPITAL 4029 WOODLEY ROAD	
MALE WHITE WIDOWED DIVORCED OCT 24 1897	Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COU	NTRY?
RETIRED MARYLAND U.S.	
Menzy Booms	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
SECURITY NO. 215-07-2368 Hoshital Chart.	
18. 4 / 2 + 7 2 0 9 CAUSE OF DEATH	/AL
LEADING TO DEATH	EAIR
(This does not meen the mode of dying, e.g., heart feiture, asthenia, etc., it means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE (CAUSE) DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (D) (1.5CV)	
DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stelling the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). YOUR STATEMENT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION 2004 AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF lame, form, foctory, street, office bldg., INJURY OCCUR?	
21D.TIME (Month) (Doy) (Yeer (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	
22, I certify that (I) (this hospital) attended the deceased from 6-22-19// to 0-22-19/	Z
that (1) (we) last sow the deceased alive an 6-97-19 and that in (my) (our) opinion death accurred on the	
and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
Classic a Med. Shaff to Color of the Director of Physics of Physic	
NAME Proprie a. Ruiz Bar Secous Hospital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote BURIAL CREMATION) (City, town, or county) (Stote BURIAL CREMATION) (City, town, or county) (Stote BURIAL) (C. N. A. C. N. A.	e) /
25A. DATE REC'D BYTHLE GENERAL DIRECTOR HOWARD COUNTY ADDRESS	0.
VS 150-REV. 1/1/68	AND

Octorio C. Leise Day Secret Freshill

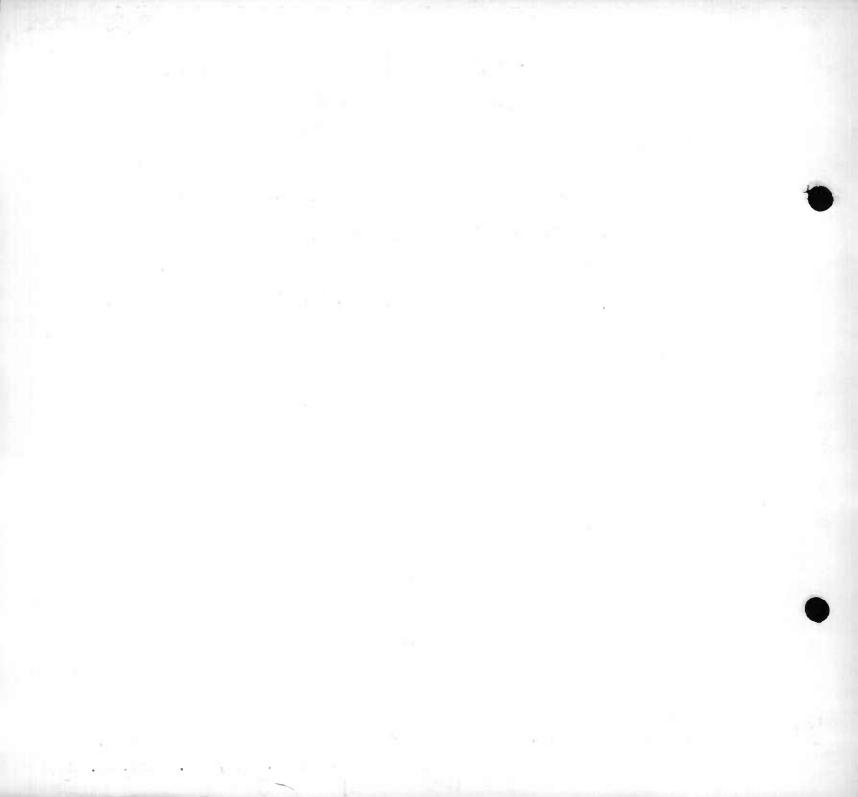
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES 4 NO Balto., Keswick since August 30. 1961 If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA Minnie Kreffer Kiefner ADDRESS ... 700 W. 40th St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) 219.7.(......and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED 1202 St. Paul Street (City, town, or county) Baltimore, Md. Leonard J. Ruck, Inc. Balto. Md. 21214

VS 150-REV. 1/1/6B

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A A	1 100.0		BALTIMORE CIT	Y HEALTH	DEPARTMENT		74	5074
IRTH NO. 24	71 3	5974	CERTIFICA	ATE O	DEATH	REG. NO	0	001.4
I. NAME OF DEC	EASED				2. DATE A	ND HOUR OF DE	ATH	
(Type or Print	D. Surandara	TO Africa	Marzo	10	6-21	-71	11	5.05 A
2 84 4 55 144 841	Palmerino		A CHILLON		DESIDENCE IWA	es decorsed lived	If institutions one	
FULL NAME OF			JTION, GIVE STREET			NTY	2	646
HOSPITAL OR					NOWN	D.	INSIDE CITY LIA	ALC:
3/	Baltimore Cit	y Hospi	tals		imore		YES X	№ Ц
0/	4940 Eastern	Avenue	22.224		TAND NUMBER	Stroot	21224	100
	Raltimore Mar	wland.	21224	1413	Gusryan	Street	21224	
5. SEX	6. RACE	THE REAL PROPERTY.	NEVER MARRIED	8. DATE C	F BIRTH	9. AGE (In years	II Under Months	1 Yt. If Under 24 I
Male	White	WIDOWED		March	18, 1913	last birthday)		Doys Hours Min
	PATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTH	LACE (State or for	eign country)	12, CITIZ	EN OF WHAT COUN
Gua	rocking life, even # reffred) rd			Menzy	kkandk Its	ly	U.S	.A.
13. FATHER'S NA	AE			14. MOTI	ER'S MAIDEN NA	ME		
	?	Mar	zola			Antoni	.etti	?
5. Was Deceased	Ever in U. S. Armed Fer	ces?	1 6. SOCIAL	17. INFOR	MANT			ADDRESS
Yes	W W 2	s of services	214-16-9926	Reco	ords: BCH-4	940 Easte	rn Avenue	21224
18. 4. 2	2.91.		CAUSE OF DEA	TH				APPROXIMATE INTERVA
DISEAS	E OR CONDITION DI	PECTI Y						EI MEEN ONSEI AND DE
	LEADING TO DEATH				erebril	Van Ou	Ace Doil	39 400
(This does n	ot mean the mode of	dving. e.c.	DUE TO, OR A			ALACTOSON	17001001	00000
heart failure,	asthenia, etc. It means	the disease,	DUE IO, OR A	S A CONSEG	DENCE OF		1	
injury or com	plication which caused	death.)	1	1	/			
	ANTECEDENT CAUSES		(00)	elu.i	11 HSCILLE	11) NI	EVAR	10 VO per
DICEASES C	D CONDITIONS IL		DUE TO, OR A	SA CONSE	DUENCE OF			10/000
	R CONDITIONS, If above cause (A)		DUE 10, OK P	M CONSE	ADELICE OIL			
	CONDITION last	oroning Inc	(c)					
			(0)					
2	11							
	ICANT CONDITIONS CO H BUT NOT RELATED TO T							
DISEASE OR C	ONDITION GIVEN IN PAR	RT F (A).						
19A-DATE OF	OPERATION 19% CON WAS PER	IDITION FOR Y	WHICH OPERATION	20A.	UTOPSYT (Yes at N	IN CERTIFYING	VERE FINDINGS CAUSES OF D	CONSIDERED EATH?
21A. ACCIDE	T WAS IINDERIVING	1 /218	BLACE OF INTERVIOR	in as about		lif to Re	oltimore City, give	
OR CONTRIBLE DEATH (notify	IT WAS UNDERLYING THE TRING CAUSE OF medical examined	hometc	PLACE OF INJURY (e.g., e.g., form, foctory, street,	affice bldg.	NJURY OCCUR	fit in be	ommore Cay, give	exact locolian)
21D. TIME	(Month) (Day) (Year)	(Hour) 216	INJURY OCCURRED		21F. HOW DID IN	Illey OCCUR?		
OF INJURY	(Mount) (Doy) (1808)	100000000000000000000000000000000000000			מוט וויסון	JORI OCCOR.		
(APPROX)		We	ile At Wi					
00 4 44	4 . (1) (.1) 1 . 10	43 4 1				19 71 to	6-21-	19 71
	that (1) (this hospita			6-19				
that (I) (we)	last saw the decease	ed alive on	6-21-	19	and t	hat In (my) (aut) apinian deat	h accurred an the
	from the causes sta					Ť		
		ied anove (/ (ne) (aia) (aia not)	ALEM ING	day uner dedin	•	200 5475	SIGNED
23A SIGNATU	: / /						23B, DATI	SIGNED
Kolle	ITA CN	uch	MD DEGREE PH	tending X	Med.	Staff Phys.	61	21/21
23C. PHYSICIA	N'S		/ DEGREE	23D. ADD	Baltin	nore City	Hospital	S
		och MD		1910	Eastern A	and a		
	lobert H. Cre		DEGRE DEGRE					.4
24A. BURIAL CRE REMOVAL (MATION, 24B DATE Specify)		AME OF CEMETERY OF C			LOCATION	(City, town, at	county) (Stole
Buria	1 6/24/7	71 Ba	ltimore Natio	onal Ca	meter	Baltimo	re, Md.	
	BY HEALTH DEPT				UNERAL DIRECTO			ADDRESS
IIINI 9 A	TOTAL B	Lease	OP REGISTRAR	1 -				
PA MUL	1911	3	100	The	nard J. R	uck, Inc.	Balto. N	ld. 21214
VS 150-REV. 1/1/	6.8				2 4 6			

r



/ 71 5976 BALTIMORE CITY HE	EALTH DEPARTMENT	ウィー	
H-430 MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	5976
BIRTH NC.	CERTIFICATE OF	REG. NO.	<u> </u>
1. NAME OF DECEASED	2. DATE Known	Month Day Y	ear Hour
(Type or Print) THEODORE HOLT	OF DEATH Estimated	June 19, 1971	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	The state of the s	11001
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	A HELIAL DECIDENCE (NA	June 19, 1971	1:20 PM
$\wedge \wedge$	A. STATE	deceased lived. If institution: residence	ence before odmission)
U 3117 Ravenwood	Maryland		841
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIM	IITS?
Male White WIDOWED DIVORCED	Baltimore	YES IK	NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	F. STREET AND NUMBER	1123 & J	NOL
8/21/09 lost birthday) Months Days Hours Min.			
	3117 Ravenwoo	d, Balto. Md. 21	213
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
North Carolina U.S.	George D. Holt		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAM	ΪΕ	
Jewelery Finisher A. H. Fetting & C.	Mana? II		
	o. Masala Hender		
(Yes, no ar unknown) (II yes, give war or dates of service) SECURITY NO.		ADDRES	3
no 221-05-1,878	Nellie Holt (w	ife) same address	
19. 4/2 4 CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterio	2001cma6: 1:-		BETWEEN ONSET AND DEATH
LEADING TO DEATH	sclerotic cardio	vascular disease	
(A)IMMEDIATE (AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:		
Z (c)			
CO			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. A	UTOPSY? (Yes ar No)
		The second second second	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, lorm, foclory, street, office uting CAUSE OF DEATH.	in or obout 22C, WHERE DID (In bldg., etc.)	I In Boltimore City, give exoct locati	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJ	URY OCCUR?	
	WHILE		
23.	ORK L		
I certify that I held an Inquiry Inspection X Au			
		s basis, death in my opinio	on
resulted from: Natural causes Accident Suicid	le 🔲 Homicide 🔲 U	ndetermined manner	
	CHIEF MEDICAL EX	AMINER	
ACTUAL SIGNATURE AND MAINTENANCE AND MAINTENAN	ASSISTANT MEDICAL EX		DATE SIGNED
EXAMINER'SM.D	•	COT .	
NAME (Type) Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EX	AMINER A	20/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	ar CREMATORY 24D. L	OCATION (City, town, or con	
burial 6/23/71 Meadowridge Me	morial Pk	Balto. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR '	25C. FUNERAL DIRECTO	R ADDRES	S
11 FN 2 A 9079 R. A. & E. Faller 20	Schimunek I	uneral Homes, In	c. 3337 Breh
3011 22 1911		Lane, Balto, Md	27 27 2 27 611
/S 151-REV. 7/1/68			

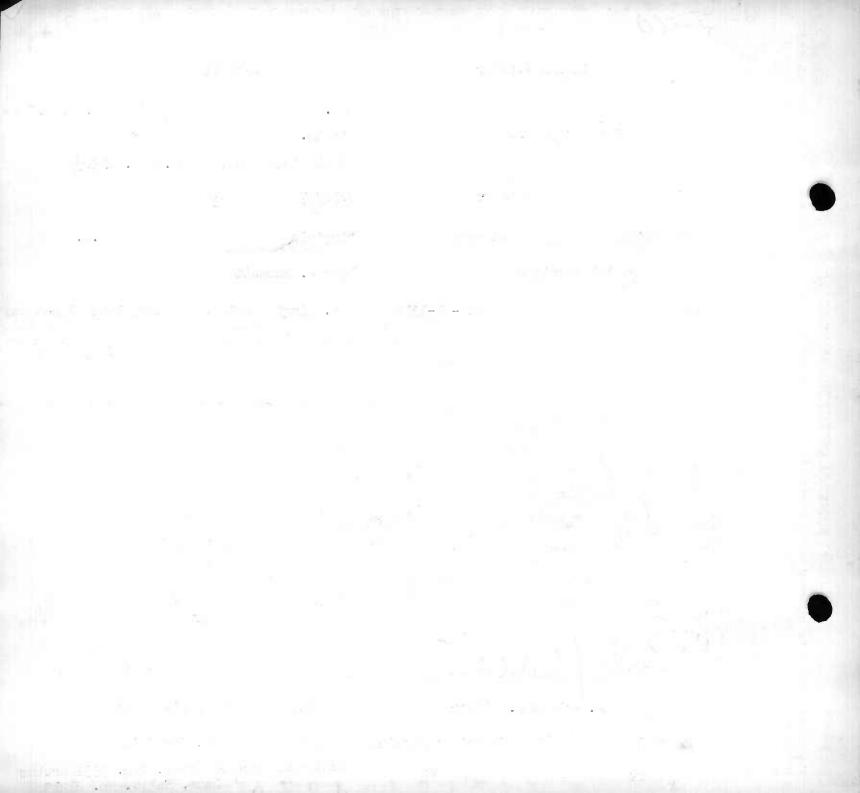
costy of colour ton as well oversome a disease to be as sent of the land Taller Planter of the land Train to the state of the second of the seco

VS 150-REV. 1/1/68

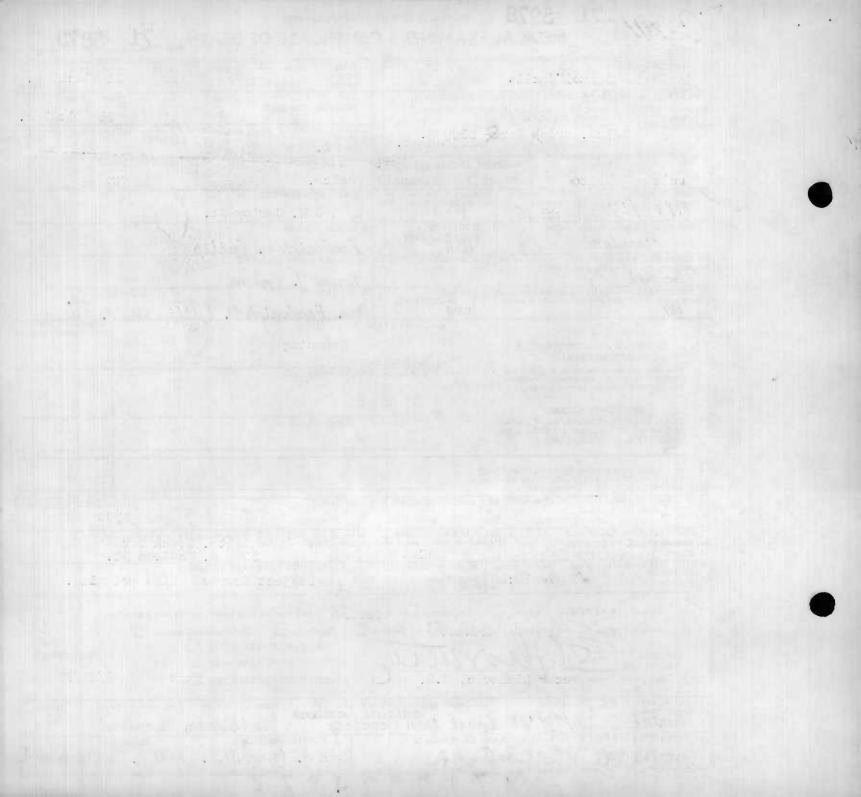
Lane, Balto, Ma 21213

12/13/71 - Information from wife. Age.

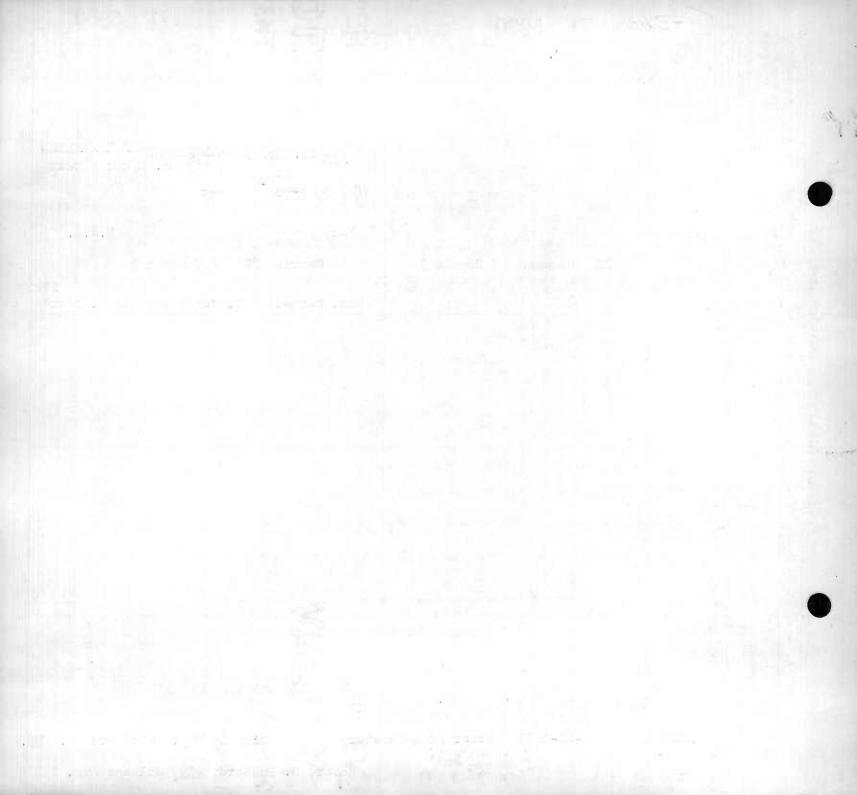
1 -1	Λ		BALTIMORE CITY	HEALTH DEPARTMENT		Mu	
36 C	71	5978	CERTIFICA	TE OF DEATH	REG. NO	71 59	78
1. NAME OF DEC		00.0		2. DATE	AND HOUR OF DEATH	1	· · · · · · · · · · · · · · · · · · ·
Type of Panty	Lula Am	n Feathe	r		6/21/71		Μ.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	institution: residence b	efare admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Md. c. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	34
00	1004 Higne	et Way		Balto. E. STREET AND NUMBE			<u>○</u>
S, SEX	6. RACE	17			et Way, Balto		
F	W	WIDOWED		9/18/97	9. AGE (In years last birthday)	Months Doys H	ours Min.
OA, USUAL OCCU	JPATION (Give kind of work working life, even it retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF W	HAT COUNTRY?
housew		at.	home	Virginia		U.S	
3. FATHER'S NAM		4.0	Home	14. MOTHER'S MAIDEN	NAME	0.0	6
	Daniel Harri	son		Time I D	mat t		
. Wes Deceased	Ever in U. S. Armed For		1 6. SOCIAL	Liza J. Bu	Herr	ADDRESS	
	lit yes, give wor or dote	s of service)	SECURITY NO.		David - /d-		
no	. 9		226-01-1312 CAUSE OF DEATI	rrs. virgi	Davis (daug		Hignet Wa
This does n	E OR CONDITION DI LEADING TO DEATH of mean the mode of	dving. e.g.,	(A)IMMEDIATE CAU	Cudian and SE A CONSEQUENCE OF:	rothma	BETWEEN O	Land
heart failure,	asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
1	ANTECEDENT CAUSES			hours of	a holare	ha 60	veeks.
DISEASES O	R CONDITIONS, If	any, nivina	DUE TO, OR AS	A CONSEQUENCE OF:	1		
rise to the	above cause (A)	slaling the					
UNDERLING	CONDITION last.		(c)				
TO THE DEAT	II ICANT CONDITIONS COI IF BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	abdome	ind aneurys	n-resectes	R	
19A-DATE OF	OPERATION 198. CON WAS PERE	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE	RED
OR CONTRIBU	TING CAUSE OF	21B, home	PLACE OF INJURY (e.g., in e, lorm, loctory, street, of	er about 21 C. WHERE DIE	(ii in Boltimo	re City, give exoct loca	otlen)
21D.TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	7.5	INJURY OCCURRED Not While		INJURY OCCUR?		
		Worl	At Work			. /	
22. I certify	that (1) (s hia kospita l) attended th	e deceased from	5/28/51		/ 6	19/
that (1) (we)	last saw the decease	d alive on	6/6	19 7 and	that In (my) (opi	inion death occurre	ed on the date
and have and	from the causes stat	ed above. (1)	(Wa) (did nat) v	iew the bady after deat	•		
23A. SIGNAPU	RE C	0-0	Λ		n e	23B, DATE SIGNED	1
Ja	and !	ille	DEGREE Phys		Staff Phys.	16/22/	>
23C. PHYSICIAL NAME (Ty				23D. ADDRESS			
A BUBIAL GOT	Dr. Robe	rt J. Wi	lder DEGREE	200 W	est Cold Spri		
REMOVAL (S	MATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D	LOCATION (C	ity, town, or county)	(Stote)
Remova	BY HEALTH DEPT.		eridge Baptis		Hardy, Vi	-	
A DATE REC'D	DI HEALIH DEPT.	25B. NAME O	FREGISTRAR	Schimunek	Funeral Home	a The 333	I Rocky
JUN 24	17 30.68	3.0	#D		Lane	Balto. Md.	T DIEUWS
S 150-REV. 171/6	B.	-	1 1 1	1) 61 (1 3	The state of the s	TIU.	CLCIT



MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. NAME OF DECEASED (Type or Print) Samuel 'Cutlip A. PLACE IN BALTIMORE, MARTHAND, WHERE PRONOUNCED DEAD PLUL NAME OF HOSTITIAL DORESS OR LOCATION) Balto. Brick Yark ADDRESS OR LOCATION C. NSTITUTION Balto. Brick Yark ADDRESS OR LOCATION Balto. Brick Yark ADDRESS OR LOCATION C. NSTITUTION Balto. Brick Yark ADDRESS OR LOCATION C. SEX T. RACE T.	
NAME OF DECEASED Cutlip Samuel Cutlip	
Samuel*Cutlip Samuel*Cutli	
1. BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PRINDING AND COUNTY OF HOSPITAL OR INSTITUTION Balto. Brick Yar 2 300 E Madlson St. 3. DATE PRONOUNCED DEAD Balto. Brick Yar 2 300 E Madlson St. 3. DATE PRONOUNCED DEAD Balto. Brick Yar 2 300 E Madlson St. 3. DATE PRONOUNCED DEAD Balto. Brick Yar 2 300 E Madlson St. 5. SEX 7. RACE White White Wildow Pronounced Dead Month Day Wildow Pronounced Dead Balto. STATE Md. 5. SUBJAL RESIDENCE (Where deceased lived, it institutions residence before admin and the country) D. INSIDE CITY LIMITS? Balto. Pronounced Dead Balto. STATE Md. 6. SEX 7. RACE White White Wildow Pronounced Dead Balto. 9. DATE OF BIRTH Months Days Hours Millow Months Days Hours All History Months Days Hours Millow Mont	a.,
Balto. Brick Yar 2300 E Madison St. S. USUAL RESIDENCE (Where decessed lived. It institution: residence before admit A. STATE B. COUNTY S. SEX 7. RACE	<u>M.</u>
S. SEX 7. RACE 8. MARRIED NEVER MARRIED DIVORCED Balto. D. INSIDE CITY LIMITS?	a _M ,
9. DATE OF BIRTH 17/1 / 54 10. AGE (In years lost birthday) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WAX 70 13. FATHER'S NAME 14. FATHER'S NAME 14. FATHER'S NAME 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 19. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart follore, oatherig, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSE DISEASE OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TRAINAL DESCRIPTION WAS PERFORMED 22. AUTOPSY? (Vest or body) 23. AUTOP	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
13. FATHER'S NAME Frederick 0. Cuttlip 14A. USUA COUNTRY? 15. MOTHER'S MAIDEN NAME Frederick 0. Cuttlip 15. MOTHER'S MAIDEN NAME Laura J. Cessna 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grymhnown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dyling, e.g., heart follure, esthenia, etc. it means the disease, indury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT SELECTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT SELECTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 21. AUTOPSY? (Yes o Yes) 22. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. 22. PLACE OF INJURY (e.g., in or obout) 22.C. WHERE DID (If in Boltimore City, give experience) home, form, footory, threet, diffice bidg, etc.) (INJURY OCCUR? Balto Bitch, Yard 22. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. 22. EXTERNAL CAUSE WAS UNDERLYING CONTRIB.	
14. UNAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grynknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS St. 18. INFORMANT ADDRESS SECURITY NO. ADDRESS SEC	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no or tunknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no or tunknown) (If yes, give wor or doles of service) 18. INFORMANT ADDRESS 19. INFORMANT	
17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 18. INFORMANT 18. INFORMANT ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, estite meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, Bivs expt. location) home, form, factory, street, diffice bldg., etc.) INJURY OCCUR? Balto. Brick Yard	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, eathenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Veso yes) 22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. 22B. PLACE OF INJURY(e.g., in or obout) 22C. WHERE DID (If in Boltimore City, give exapt location) home, form, factory, street, affice bidg., etc.) INJURY OCCUR? BALLO. BYLCK Yard	RVAL
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (if in Boltimore City, give exact location) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR? Balto. Brick Yard	
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (if in Boltimore City, give exact location) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR? Balto. Brick Yard	
NODERLYINGE OR CONTRIB. home, form, factory, street, affice bldg., etc.) INJURY OCCUR? Balto. Brick Yard	No)
UTING LICAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 6 21 71 10:10 WORK ST. NOTWHILE AT WORK ST. Subject drowned while swimming.	/
I certify that I held an Inquiry Inspection Autopsy XX and that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER XXX 6/21/71 NAME (Type)	D
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY or CREMATORY emorial Gardens Crest Lawn (emetery Baltimore, Maryland)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John A. Monan, Inc. 3000 E. Baltimon VS 151-REV. 1/1/68	· St



7	BALTIMORE CITY	HEALTH DEPARTMENT	74	5000
-365 71 5980	CERTIFICA	TE OF DEATH	REG. NO. 71	2890
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print Madeline G. Stra	10	-	1,2/21	730
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceased lived. If institution	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN		A. STATE B. COUNTY		1903
HOSPITAL OR ADDRESS OR LOCATION)	10	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
South Balt, Gran	· Hosp.	Balt.	YES	
43	0	E. STREET AND NUMBER	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX
SEX 6. RACE 7. MARDI	ED NEVER MARRIED	B. DATE OF BIRTH /898 9.		uiir Streer
Female Cancasian WIDOW	DIVORCED	May 29 1848	73	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BORTHPLACE (Stote or foreign	country) 12. C	TITIZEN OF WHAT COUNTRY
lousewife		Maryland MX		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Haynie)	Carrie XX	(Unknown)	
i. Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service	16. SOCIAL SECURITY NO. 216-07-1587	Mrs. Catherine R	Criffith 3	ADDRESS 21223
110	CAUSE OF DEAT		. Griffin, 5	APPROXIMATE INTERVAL
18.	CAUSE OF DEAT	n_		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 + 01	2.0	
LEADING TO DEATH	(A) IMMEDIATE CAL	ACONSEQUENCE OF:	rary Edema	
(This does not mean the mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:	7	
hearl failure, asthenia, etc. It means the disectinjury or complication which caused death.)	ise,		U	
ANTECEDENT CAUSES	A	sevd		
	(B)			
DISEASES OR CONDITIONS, if any, giv	g	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION tast.				
ONDERENTO CONDITION 1231.	(C)			
				574
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING CAUSES O	GS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Boltimore City,	give exact location)
	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
	21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not While			
	Work At Work		1	(-24 (44)
22. I certify that (+)-(this haspital) attende	ed the deceased from 4/1	17 (140 / 11) 19	7/ ta 6/17	(3 = 7/
that (#) (we) last saw the deceased alive of	11.0		In (my) (aur) apinian d	eath accurred an the dat
and haur and fram the causes stated abave	e. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE			23 B. C	ATE SIGNED
1 1		ending Med. St	off X	1/10/01
James a. Coppe	M.) DEGREE Phy		ys. K.	0/11/11
23C. PHYSICIAN'S	41.)	23D. ADDRESS S-B.G.	t.	
James A. Kopper	M.D. DEGREE			D. C. COURTY) (CL-1-)
A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY OF CR	EM ATORY 24D. LOC	ATION (City, fow)	n, or county) (Stote)
Burial 6-22-1971	Cedar Hill Ceme		hie Hwy.,Balt:	imore Co., Md.
SA, DATE REC'D BY HEALTH DEPT. 258. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	-1 /107 *****	ADDRESS
JUN 24 BIT	7 1 0 0 1	Howard H. Hubba	ra, 410/ Wilk	ens Ave. 21229



IMPORTANT

DIRECTOR:

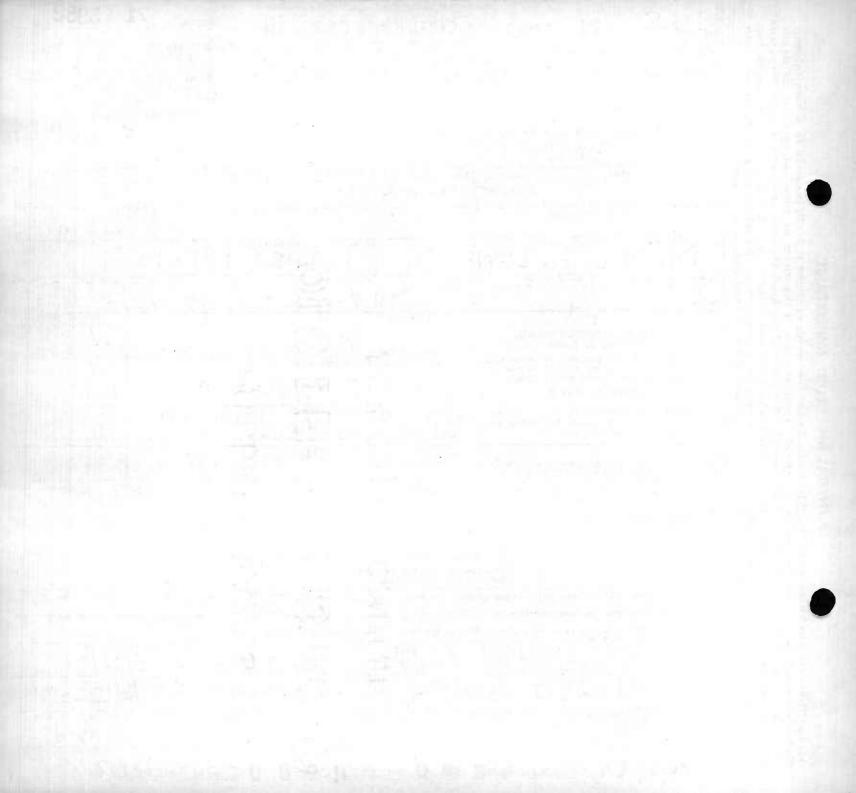
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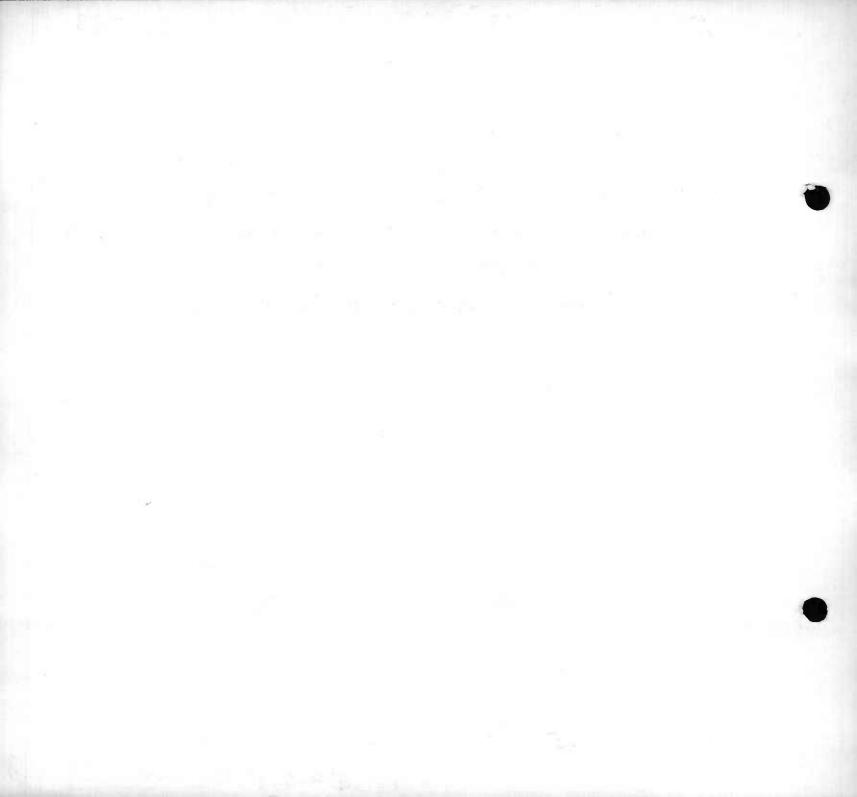
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	BALTIMORE CITY HEALTH DEPARTMENT	5982
E	BARTH NO. 71 5982 CERTIFICATE OF DEATH	790E
	1. NAME OF DECEASED LOWE, DAVID C. 2. DATE AND HOUR OF DEATH (Type or Print) LOWE, DAVID C.	1 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: reside	ence before odmission)
- 11.0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OF LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OF LOCATION) [C. CITY OR TOWN	-2409
	SOUTH BALTIMORE GENERAL BALTIMORE VES ET	NO 🗌
	HOSPITAL 214 E. Barney St.	
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months: Doy Months: Doy	Yr. If Under 24 His.
d	done during most of working life, even if refired)	S. A
ī	13. FATHER'S NAME	3- H1
	DANIEL A. LOWE SE. ALTHEA PHELPS	
ď	SECURITY NO.	DRESS 21230
1	CAUSE OF DEATH	Hamburg
	DISEASE OR CONDITION DIRECTLY	EEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	- her.
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	T
	ANTECEDENT CAUSES (B) HOUTE 17190 CHRDIAL	his.
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. C) Selection INFARCTION.	91
1	TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING INFARCTION.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Prieto	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEAT	
110	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (II In Boltimore City, give exc office bidg., INJURY OCCUR? 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (II In Boltimore City, give exc office bidg., INJURY OCCUR?	oct focation)
100	21D-TIME (Month) (Doy) (Year) (Houd) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While	
	(APPROX.) Work At Work	7,
	22. I certify that (I) (this haspital) attended the deceased from	19
	and hour and from the causes stated obove. (i) (We) (did) (did not) view the body after death.	ccorred on the dote
	GNED	
	23C. PHYSICIANS 23C. PHYSICIANS 23D. ADDRESS	-171
	NAME (Type) HARJIT SINGHAM 3001 S. HANOVER SI Ball	imore Md.
24	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or con	unty) (Stote)
2:	Duria 6-23-11 Holy Cross CemeTery Da to, 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR	Md,
L	VS 150-REV. 17/68	lue,



shows: (1 was D.O. deceased written o	Ints certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
11	the body was released shows: (1) An accident was D.O.A. at a hospite deceased prior to death written approval must I	

(Тур	AME OF DEC	VAME.	S BERNARD NOR	RR15 6-	ND HOUR OF DEAT	1	M
FU I HO IN S	LL NAME OF		TAL OR INSTITUTION, GIVE STREET ATION)	A. USUAL RESIDENCE (WHA. STATE B. COUNTY OF TOWN C. CITY OF TOWN E. STREET AND NUMBER 219	D. IN	Institution: leside	02
5. S	M	6. RACE	7- MARRIED NEVER MARRIED NUMBER OF THE PROPERTY NEVER NAMED NO PROPERTY NAMED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Y Months Doy	L If Under 24 Hrs. Hours Min.
Come	USUAL OCCI during most of the CONTROL STATHER'S NAME	DER	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for MARYLA) 14. MOTHER'S MAIDEN NA	ND		OF WHAT COUNTRY
		ames B.	•	ALICE M.		PHER	
	Vas Deceased no or unknown)	Ever in U. S. Armed For all yes, give wor or dole	s of service) 16. SOCIAL SECURITY NO. 213 07/577	Mrs. Rose J. M.	yrsis - 219		tSt.
- 1	hearl failure,	ol mean the mode of asthenia, etc. It means plication which caused	the disease.	A CONSEQUENCE OF:	IVE HEART	TRILLE	MON7#3
	DISEASES Orise to the UNDERLYING	asthenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION tast.	the disease, death.) DUE 10, OR AS (B)	ACONSEQUENCE OF: TO M'US ELEMO TIC A CONSEQUENCE OF:			YEARS YEARS
	DISEASES O injury or cam A DISEASES O ise to the UNDERLYING OTHER SIGNIFIT DISEASE OR CC	asthenia, etc. Il means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION (ast. 11 CANT CONDITIONS COI 1 BUT NOT RELATED TO DADITION GIVEN IN PAR	any, giving stoling lhe NTRIBUTING ITE TERMINAL IT (A).	ACONSEQUENCE OF: TO M'US ELEMO TIC A CONSEQUENCE OF:	HEMT DI	i serse	YEARS YEARS
CERTIFICATION	DISEASES OF THE DISEASE OF THE DESTRUCTION OF THE DEATH DISEASE OF COLUMN OF THE DISEASE OF COLUMN OF CONTRIBUTION OF CONTRIBU	asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION (ast.) Il CANT CONDITIONS COINTIONS COINTION (CAUTO) BUT NOT RELATED TO THE CONDITION (CAUTO) OPERATION (198. CON)	dying, e.g., the disease, death.) DUE 10, OR AS of the disease, death. DUE 10, OR AS of the disease, death. DUE 10, OR AS of the disease, death.	A CONSEQUENCE OF: A CONSEQUENCE OF: WOS IS OF TO	OF 208, IF YES, WERE IN CERTIFYING C.	i serse	YEAVY SIDERED
MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OF THE DEATH OF CONTRIBUTION OF CONTRI	asthenia, etc. Il means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause IA) CONDITION last. II CANT CONDITIONS COI I BUT NOT RELATED TO TO DIDITION GIVEN IN PAR OPERATION 198. CON WAS PERI T WAS UNDERLYING	any, giving stoling lhe NTRIBUTING IE TERMINAL 1 1 (A). DUE 10, OR AS ARE	A CONSEQUENCE OF: A CONSEQUENCE OF: WOS LLEND TIC A CONSEQUENCE OF: WOS IS TO TO OI Obout 21 C. WHERE DID INJURY OCCUR?	OF COURT OF	FINDINGS CON AUSES OF DEAT	YEAVY SIDERED
MEDICAL CERTIFICATION	DISEASES OF THE DESTANCE OF TH	asthenia, etc. Il means plication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A); CONDITIONS of CONDITIONS COID ABOVE CAUSE OF CANT CONDITIONS COID OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CAUSE OF CAUS	any, giving stoling lhe NTRIBUTING IE TERMINAL I I (A). DITO, OR AS	ACONSEQUENCE OF: ACONSEQUENCE OF: WOSS CLENO TIC A CONSEQUENCE OF: WOSS CLENO TIC	OF COURT OF	FINDINGS CON AUSES OF DEATH	YEAVY SIDERED HT 19
MEDICAL CERTIFICATION	DISEASES OF THE DESCRIPTION OF THE DEATH DISEASE OF COUNTRIES OF COUNTRIES OF COUNTRIES OF COUNTRIES OF INJURY PROX.)	asthenia, etc. Il means plication which caused in the cause state. It is a cause in the cause state in the causes state in the causes state.	any, giving stoling lhe NTRIBUTING IE TERMINAL I A. DITO, OR AS	ACONSEQUENCE OF: ACONSEQUENCE OF: WOS LLEND TIC A CONSEQUENCE OF: WOS IS TO TO OI ODOU! 21C. WHERE DID ice bidg. INJURY OCCUR? 21F. HOW DID INJ 19 7 and the ew the body after death.	OF 208. IF YES, WERE IN CERTIFYING C. (IT IN BOILING	FINDINGS CON AUSES OF DEATH	YEARY YEARY SIDERED H? La location)



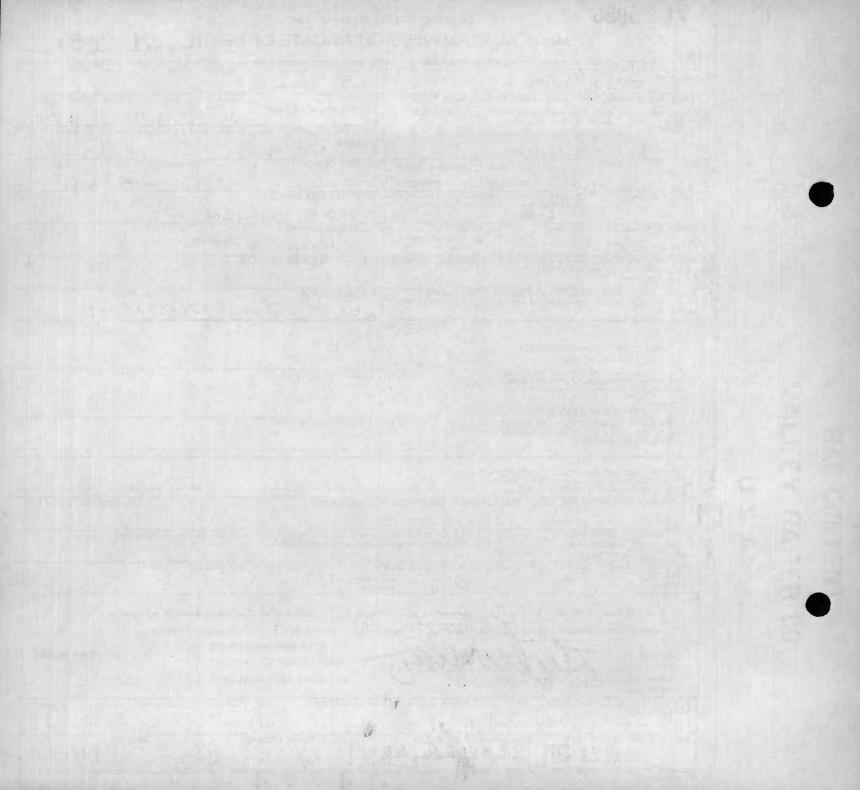
BALTIMORE CITY HEAL' CERTIFICATE C									
1. NAME OF DECEASED (Type of Print)	2. DATE AND HOUR OF DEATH								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. US	AL RESIDENCE (Where deceosed lived If institution: residence before edmission)								
FUEL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	OR TOWN D. INSIDE CITY LIMITS?								
hencoln Hursin Hone	EET AND NUMBER								
90	7. W. Cary St								
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 5. DAT WIDOWED DIVORCED	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Menths Doys Hours Min.								
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIR done during most of working life, even if refired) Laman march of Comments of Working life, even if refired)	HPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY								
	THER'S MAIDEN NAME								
Swaph Ross	4154								
15. Was Deceesed Ever in U. S. Armed Ferces? (Yes, no or unknown) Ulf yes, give wor er dotes ef service) Articles (Yes, no or unknown) Ulf yes, give wor er dotes ef service) Articles (Yes, no or unknown) Ulf yes, give wor er dotes ef service)	WYO MATHOWS GO3 EDM ENDSONA								
18. / 9 9 . CAUSE OF DEATH	APPROXIMATE INTERVAL								
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH								
LEADING TO DEATH	operable Carcinomatoris								
(This does not mean the mode of dying, e.g., heat foilure, ashenia, etc. It means the disease,	GUENCE OF:								
injury at camplication which caused death.)									
ANTECEDENT CAUSES	old stride								
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONS	EQUENCE OF:								
ise to the above cause (A) stating the UNDERLYING CONDITION last.	a cutiling Ulcoh of socours								
(C)-fa-Marife of Character of C	Chell May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
1) (10)	AUTOPSY? (Yes et Ne) 20B IF YES, WERE FINDINGS CONSIDERED								
TAS FERFORMED	IN CERTIFYING CAUSES OF DEATH?								
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE OF INJURY (e.g., in er ebotheme, form, factory, street, effice bidgetc.)	121C. WHERE DID (If in Beltimere City, give exact lecation) INJURY OCCUR?								
21D. TIME (Menth) (Dey) (Year) (Hear) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
(APPROX) While At Net While									
WOR AT WER									
22. I certify that (1) (this hospital) attended the deceased from 23 19 49 to 22 that (1) (we) last saw the deceased alive an 6 22 19 71 and that in (my) (aur) apinion death according to the deceased alive and have and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
								Attending Phys.	Med. Stuff 23B, DATE SIGNED 6-22-7/
								23C. PHYSICIAN'S NAME (Type) [] [] AYKALER 23D. ADT	RESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR:	By or w m)								
25A. DATE REC'D BY HEALTH DEPT. 25R NAME OF REGISTEAR 2SC.	FUNERAL DIRECTOR ADDRESS								
JUN 24 1971 Jaben & Jaben M.D. Th	ind ak Dillmen L3 (2 Palm. E								
vs 150-REV. 1/1/68	The state of the state of the								



VS 150-REV. 1/1/68

10/20/21 - Congestive Heard Failure - information from report from Litheran Hospital Filed on Bur of Birstat

71 5986 BALTIMORE CI	TY HEALTH DEPARTMENT
	S'S CERTIFICATE OF DEATH REG. NO. 1 5086
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) WILLIAM BULTER	OF
	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	June 19, 1971 6:58 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1 1 2005 Donision Street	A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED TANGET MARRIED	Maryland /506
6. SEX 7. RACE B. MARRIED NEVER MARRI	ED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORC	ED Baltimore YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under	24 Hrs. E. STREET AND NUMBER
lost birth Cyty Months; Doys; Hours	
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	2005 Denision Street
1/ WHAT COMMITTING	
Spero MD WHAT GOUNTRY?	William Borlow
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR IN	
done during most of working life even if refired)	Work nen ~
IA. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18 (18 00 14 18 18 18 18 18 18 18 18 18 18 18 18 18
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY N	0. 11 - 1 2011 11 - 000
No.	GRUS TRY for 1117 HARLOM NOT
19. CAUSE O	F DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY Card	inomatosis
LEADING TO DEATH	
(A)IMME	DIATE CAUSE O, OR AS A CONSEQUENCE OF:
heart foilure, osthenio, étc. It meons the diseose, injury or complication which coused death.)	O, OK AS A CONSEQUENCE OF:
mory of compaction which coused debin.)	
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY GIVING DUE T	O, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z CONDITION LAST. (C)	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED 21. AUTOPSY? (Yes or No)
5	
✓ 22A. FXTERNAL CALISE WAS 1228 PLACE OF INTUIN	no
	Y(e.g., In or obout 22C. WHERE DID (If In Boltimore City, give exact location) et, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCU	RRED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) m. WORK	NOT WHILE
23.	AT WORK
I certify that I held an Inquiry Inspection	
resulted fram: Natural causes Accident	Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL TIME	DATE SIGNED
SIGNATURE AU VOICE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER X 6/29/71
NAME (lype)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	ETERY or CREMATORY 240 EOCATION (City, towns or county) (State)
Sun les sola motto	Tonens Just mil 21221
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Mass Supremental Diseases
4000	25C, FUNERAL DIRECTOR ADDRESS
JUN 24 1971 Hobert E. Jankey	my 26 y somety de may conflict
VS 151-REV. 1/1/68	
3 101/VE11 1/1/00	1 4 7 0 4



VS 150-REV. 1/1/68



12	BALTIMORE CITY	Y HEALTH DEPARTMENT	0 05
BIRTH NO. 1. NAME OF DECEASED (Type of Pint)	CERTIFICA	TE OF DEATH REG.	NO. 4 8 8
Type or Pantl	010 100	2. DATE AND HOUR OF	DEATH . 370
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased live	red. Il institution: residence before admission)
	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY	1407
IN SHITO HOLE		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Harbor View	NCC	E. STREET AND NUMBER	YES NO NO
5. SEX 6. RACE	7	423E.Clemen	
7emale WhiTe	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-06-01 9. AGE (In yet last birthday)	Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind at wark done during mast af warking life, even if refired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at lareign country)	12. CITIZEN OF WHAT COUNTRY?
SZIES IZA. Y		Maryland	4,5,A,
ClarenceEl	11: - TT	14. MOTHER'S MAIDEN NAME	P. V
15. Was Deceased Ever in U. S. Armed Farc (Yes, no ar unknown) (III yes, give war or dates	es? 16. SOCIAL	Bernzein Y	Brockmayer
No	service) SECURITY NO.	Albert Dortzer	1409 Reynolds ST.
18. 4/2-1	CAUSE OF DEATH	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTION DIRECTION DIRECTION DIRECTION DEATH	ECTLY	se Arteriosulerotic hea	BETWEEN ONSET AND DEATH
17his does not mean the made of heart foilure, asthenia, etc. It means t		A CONSEQUENCE OF:	11 dison 2 yrs.
injury or complication which caused	death.)		
DISEASES OR CONDITIONS, if a	(B)	A CONSEQUENCE OF:	***********************
nise to the abave cause (A) a	slating the	A CONSEQUENCE OF:	4 2 20
- 11	(c)		
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TRIBUTING BY	onchoaethma	Yours.
DISEASE OR CONDITION GIVEN IN PART	TION FOR WHICH OPERATION		WERE FINDINGS CONSIDERED
WAS PERFO		40 -	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH Inofily medical examines	21B. PLACE OF INJURY (e.g., in home, form, foctory, sheet, off elc.)	ice bldg., INJURY OCCUR?	altimore City, give exact location)
21D-TIME (Month) (Day) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not While Work Not Wark		
22. I certify that (I) (this hospital)	attended the deceased from N	ov. 4 - 195 710	June 14 1971
that (1) (we) last saw the deceased	alive an June 13-	19	apinian death accurred an the date
and hour and fram the causes stated	d abave. (i) (Wa) (did nat) vi	ew the bady after death.	000 0 475 860
(M)	Alten In D. Atten	ding Med. Staff Director Phys.	6-14-71
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	D /
C. C.	CHIU, MD DEGREE	I E. Randell Gt.	Battimore Jud. 21230
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CREA		(City, town, ar county) (State)
25A. DATE REC'D BY HEALTH DEPT. 2:	5B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR	I more 1001
JUN 24 1971 Page	& E. Jaben M. D.	25C. FUNERAL DIRECTOR STEVE	15 Funeral Home, Inc
S 150-REV. 1/1/68			

Mo - 215 operat When the for 1468 Report

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VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

2012/3 246 Taylor Igdorns Bakaitis From Other Parage Helen Augulia 1848 Estinia For it ships Donner Bane Goodeng Realizably Hilliam his To

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

		BALT	TIMORE CITY HE	ALTH DEPARTMENT		
BIRTH NO. 7	1 5991	CE	RTIFICATE	OF DEATH	REG. NO.	1 5991
NAME OF DECE				2. DATE AT	ND HOUR OF DEATH	
Type or Print)	GUSTEW	SKZ, LOT	TIE (W/A	Lx/242 6-	- 16 - 71	16145A
3. PLACE IN SALTI	MORE MARTLAND, W	HERE PRONOUNCED DE	AD 14	DSUAL RESIDENCE (Whe	ne deceased lived. If in	stitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE	E STREET	Md. B. COUR		2401
HOSPITAL OR	ADDIESS OF LOGS	4110117	11	CITY OR TOWN		DE CITY LIMITS?
43		103		BACTIMOI STREET AND NUMBER		YES NO
SOUTH	BALTIMOR	F GEN, HO	05P 1	1140 COOK	SIE ST.	
. SEX	RACE	7. MARRIED NEVER	MARRIED 8. C	ATE OF BIRTH	9. AGE In years lost birthdoy	Months: Days Hours Min.
F	W		VORCED 7	4-15-86	85	Ividinis, Days Proofs Ivin.
		TOR KIND OF BUSINESS	OR INDUSTRY 11.	BIRTHPLACE State or fore	ign country)	12. CITIZEN OF WHAT COUNTR
HOUSE C	wiffNeTmak		Ge.	POLANI		U. 5 A.
3. FATHER'S NAM	ŧ	,		MOTHER'S MAIDEN NA		
		Sablows K	(,		Makrows	
. Was Deceased	iver in U. S. Armed For If yes, give war or date	ces? 16- SOCIAL	17.	INFORMANT		ADDRESS
No of unknown/	it yes, give war or cale		TT NO.	Anna Nick	Kel 1148	Cooksie ST.
18.	140	CAU	SE OF DEATH			APPROXIMATE INTERVAL
DISEASE	OR CONDITION DE	RECTLY				
	EADING TO DEATH	CAN	MMEDIATE CAUSE	Suportate J	Francho mun	enonia
(This does no	t mean the mode of sthenia, etc. It means	dyling e.g.,	UE TO, OR AS A CO	NSEQUENCE OF:		
injury or comp	lication which caused	TIE GISGOSO		0,		
A	NTECEDENT CAUSES	/	attinion	enti Car	diagranul	en Aire
DISEASES OF	CONDITIONS, If	any piylan (8)	UE TO, OR AS A C	enote Car	and harden	
rise to the	above cause (A)		10 0	tis melli	Tela-	
UNDERLYING	CONDITION last.	(c)_	Lunnae	Ne /reco		
	11					
	ANT CONDITIONS CO					
IDISEASE OR CO	NOTION GIVEN IN PAR	T 1 (A).				
19A-DATE OF (WAS PER	DITION FOR WHICH OPE	RATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
00-11	-71 W 14	o Trochanter	e Fracture			
OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF Redical examined	218 PLACE OF home, farm, fac etc.)	INJURY la.g., in or lary, street, office	oboul 21 C. WHERE DIO INJURY OCCUR?	(il in Bollimor	e City, give exect location)
21D. TIME OF INJURY	Month) (Day) (Year)	Hour 21E INJURY O	CCURRED	21F. HOW DID IN	IURY OCCUR?	
OF INJURY		While At	Not While At Work	1		
IAFFROAD		Work L				,
22. I certify t	hat (1) (this hospita	l) attended the decease		-14	19 2/to	e-16 19 7/
that (1) (we) 1	ast saw the decease	ed alive an 6	- 16	19Z/and ti	hat in (my) (our) opi	nion death occurred on the do
and hour and	from the causes sta	ted above. (I) (We) (did	l) (did not) view	the body after death.		
23A. SIGNATUR						238 DATE SIGNED
	Br. his	mol	Attendin	Med. Director	Staff Phys.	6-16-71
23C. PHYSICIAN	X	orra con	DEGREE Phys.	ADDRESS	Phys.	0-16-11
23C. PHYSICIAN NAME ITY	pel)	111			
	JOSE M. P.	RESBITERO	olgitt .	SB	GH	
24A. BURIAL CREM REMOVAL IS	ATION, 248 DATE	24C. NAME OF CEA	METERY of CREMA	TORY 24D. I		ty. town, or county) (State)
Burill	8/19/7	1 Holy K	OGO MY Co	metery	Balling	Myd.
25A. DATE REC'D	BY HEALTH DEPT.	258 NAME OF REGISTRA	IR .	25C. FUNERAL DIRECTO	RATIO	maral Home, In
11 IN	24 1971 12	Bert E. Jaber 1	4, 10,	Charles Ly	SIEVENS FU	FALT AVERUE
VS 150-REV- 1/1/6	N 2 1011	77-	40-9-A	4 9 6 1	3 -1 1-011	e// // // // / / / / / / / / / / / / /

More Market 150. 11 S. M. S. M

crici eleta Holy livery Courter to Elever Patrick Histories

VS 150-REV. 1/1/6B

1444 COORSIN SE 9/24/10 60 Labor Maior Bertras Marghand 11.57 Mathas Frank Carrier France No - 21705-639 MA Padis Kappy 1241 H. 1. " Barriel april Frients Commercy Bullimore, 184 all and reform france to the Survey of

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO T

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Il Under 24 Hrs.

Weren Wemanial Maria 18 A8-62-8 Honsoniff Hungery He here on Partheren Krock For Hair Fire Veryonness wherehow Sand Powers 40 More \$ 5, 155 INVIEW OF FEWERE Heren Memorial Hern Burnal 6/25/74 Holy Cross Cometery Arna Armodel : Md

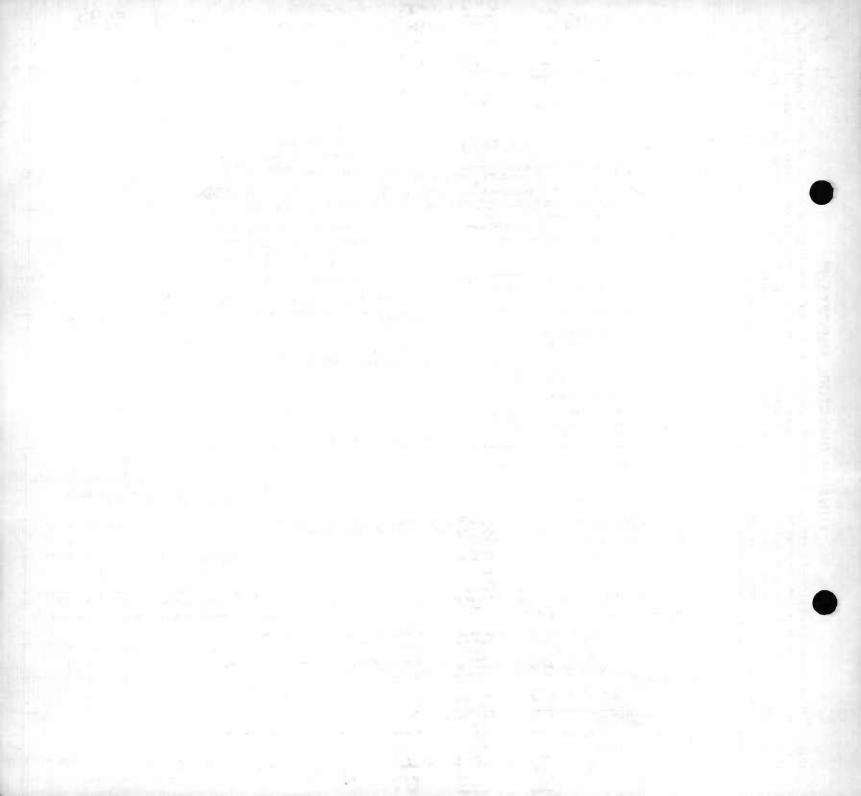
VS 150-REV. 1/1/68

BALTI	MORE CITY HEALTH DEPARTMENT
BIRTH NO.71 2, 59940/ CER	TIFICATE OF DEATH REG. No. 71. 5994
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) KATHLEEN T. THOI	mAS 6/19/71 10:59 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE	7 7 2 8
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY RIMITS?
THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES NO
BALTIMORE, MD 21205	E. STREET AND NUMBER
	1203 LIMIT AVE
5. SEX 6. RACE 7. MARRIED NEVER M	ARRIED 8. DATE OF SIRTH 9. AGE (in years II Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
FEMALE WHITE WIDOWED DIV	ORCED 1 06 17 71 1 7 1
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of done during most of working life, even if refired)	R INDUSTRY 11. BINTHPLACE ISSUE OF SOUTH TAL 12. CITIZEN OF WHAT COUNTRY?
	BALTIMORE, MD U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN E THOMAS	MARGARET FAUVER
JOHN F. THOMAS 15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or doles of service) SECURITY	Charts - Johns Hopking Hospital
DISEASE OR CONDITION DIRECTLY	CARDIORESPIRATORY ARREST APPROXIMATE INTERVAL DETWEEN ONSET AND DEATH
Antonio no notario	MEDIATE CAUSE PROBABLE ASPIRATION 5 min
(A)MAN DUI (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	MEDIATE CAUSE PROBARIE ASPIRATION 5 min
nedit railore, distressind, etc. il medits me disease,	
THE PROPERTY OF THE PROPERTY O	meningomyelocele Since birth
DISEASES OR CONDITIONS, if any, giving	E TO, OR AS A CONSEQUENCE OF:
THAT IN THE CONTRIBUTE OF THE STORING INC.	
(0/0000	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION 198 CONDITION FOR WHICH OPERA	
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERA WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	IJURY (e.g., in or obout 21 C. WHERE DID ry, street, office bidg., INJURY OCCUR?
DEATH Inotify medical examined	
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCC	CURRED 215. HOW DID INJURY OCCUR?
(APPROXI	Not While At Work
22. I certify that (1) (this hespital) attended the deceased	
that (1)-(we) last saw the deceased alive an CANE	10
· · · · · · · · · · · · · · · · · · ·	The series of the series
ond haur and from the causes stated above. (1) (We) (did) (2\$A.SIGNATURE)	
11130. 60	Attending Med. Stoff P
Clan F. Vercy W.D	DEGREE Phys. Director Phys. Director Di
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ALAN K. PERCY W	M.D. JOHNSHOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	1.2
Burial 6/21/71 Glastove	" Memorial Birk Anna Armadel, Paryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR

Parist Chippe The Horacon Lat Parist 12

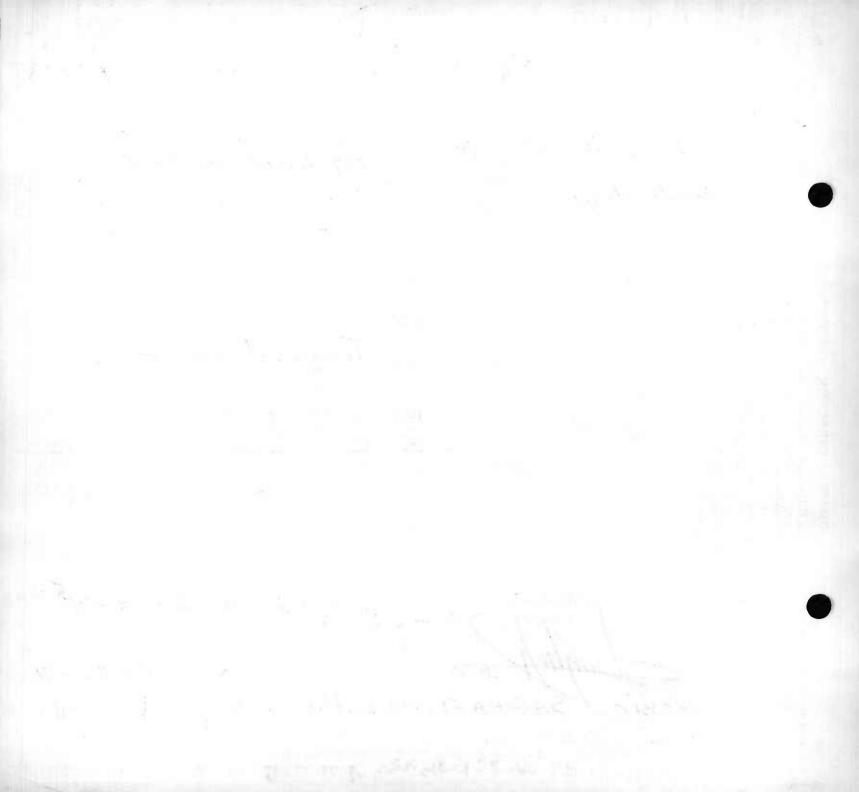
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



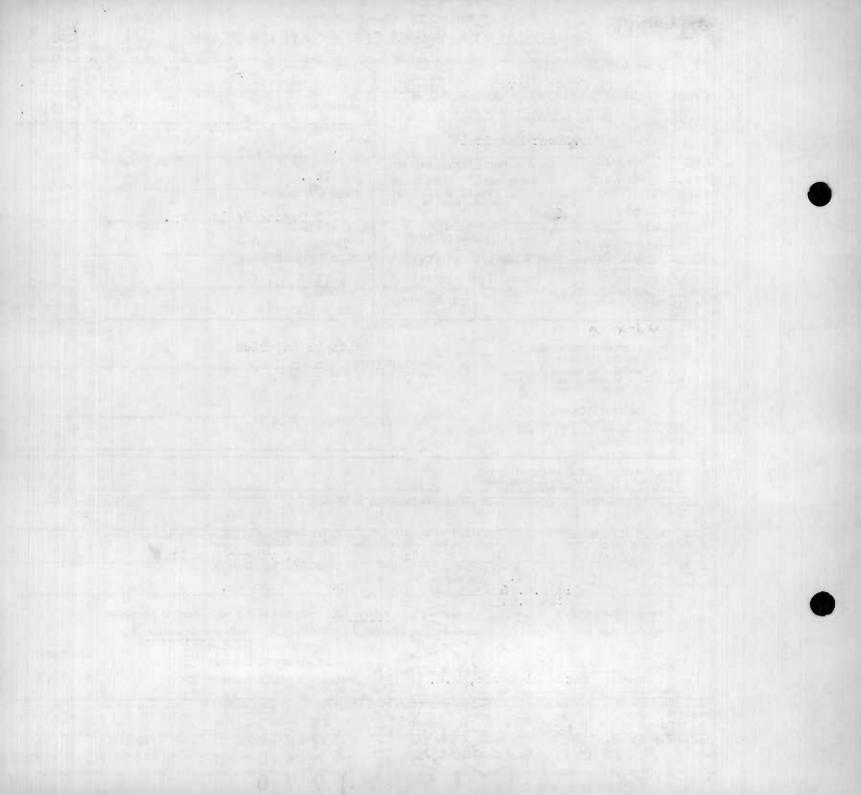
194.4	-000		BALTIMORE CITY	HEALTH DEPARTMENT			0.0		
BIRTH NO.	5996		CERTIFICA	TE OF DEATH	REG. NO.	71	5996		
I. NAME OF DEC	EASED				AND HOUR OF DEATH				
Type or Print)	Emma B. Jor	nes			e 18, 1971				
	TIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE IN	here deceased lived. If in	astitution: re	Sidence before admission		
				A. STATE B. CO	UNTY		15117		
OSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	Maryland 348					
NOTTUTION				C. CITY OR TOWN	D. INS	IDE CITY LI	_		
2211 1	Elsinore Av	enue		Baltimore		YES 🔀	NO [
20		0.1.0			ore Avenue				
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	1.10.0	r 1 Yr., if Under 24 Hrs.		
Female	Negro	WIDOWED		12-11-1896	lost birthdayl	Months	Doys Hours Min.		
A. USUAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or !	oreign country)	112, CITIZ	TEN OF WHAT COUNTRY		
	vorking life, even if retired)	Deet	Florida.	Maryland			USA		
Domesti		PVC.	Family				USA		
				14. MOTHER'S MAIDEN N					
	Richard			Mary F. T	urner				
es, no or unknown)	Ever in U. S. Armed Far (If yes, give war or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
No			216-18-0226	Mrs. Esther	V. Nixon	2211	Elsinore A		
18. / () ()			CAUSE OF DEATH			- 1	APPROXIMATE INTERVAL		
DISEAS	E OR CONDITION DI	ECTI V				· ·	SETWEEN ONSET AND DEATH		
	LEADING TO DEATH			Carcinoatos	sis		12 month		
(This does no	I mean the mode of	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:			*********		
near laiture,	sthenia, etc. it means plication which caused	the disease,							
	NTECEDENT CAUSES					- 1			
	R CONDITIONS, if		(B)	A CONSEQUENCE OF:					
rise to the	above cause (A)	stating the	DOE 10, OR AS	A CONSEQUENCE OF:					
UNDERLYING	CONDITION lost		(c)				************		
	11					1			
OTHER SIGNIFICATE	CANT CONDITIONS COL	NTRIBUTING							
DISEASE OR CO	ONDITION GIVEN IN PAR	T 1 (A).							
19A-DATE OF	OPERATION 198 CON-	DITION FOR V	WHICH OPERATION	20A. AUTOPSYT IYes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED		
0									
OR CONTRIBUT	TWAS UNDERLYING	21 B,	e, form, foctory, street, off	or about 21C. WHERE DID	(If in Boltimor	e City, give	exact location)		
DEATH (notify	medical examined	etc.)							
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?				
(APPROX.)		Whi	le At Not While						
22 1	that (1) (this-lospital			4/9/70	10	6/16	171		
					19to	6/16/			
	last saw the decease					nion deoti	h occurred on the date		
		ed above. (1	(We) (dld) (dld not) vi	ew the body after death	le				
234/ SIGNATUI	IE /		1			238. DATE			
X-4	rel	1	Dh.m	ding Med.	Staff Phys.	6/2	23/71		
23C. PHYSICIAN	42	, ,	DEGREE	3D. ADDRESS	- Hys		-,		
NAME (Ty		o.t	M. D.	601 N. Car	rollton Ave	nue			
	reston Gran		ME OF CEMETERY OF CREE						
REMOVAL (S	pecify)				LOCATION (Ci	ly, town, or			
Burial	6-22-	/I Ar	butus Memori	ar Park B	altimore	Co.	Maryland		
A. DATE REC'D	BY HEALTH DEPT.	258 NAME Q	F REGISTRAR	25C. FUNERAL DIRECTO	- "		ADDRESS		
1111	1 24 1971 06	Bert E. V	lauber, M.D.	NUTTER FUN	VERAL HOME	3035	W. NORTH A		
5 150-REV. 1/1/6				+ 4 + +					

Modern and



BALTIMORE	CITY HEALTH	DEPARTMENT

BI	BIRTH NO.					CERTIFICATE OF DEATH REG. NO. 71 5998						
I.	(Type or Print)					DATE	Known 🏝	Month	Day	Yec		
	James Weaver 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					DEATH	Estimoted _		20		71 10:34	Pm.
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION						NCED DEAD	Month 6	20		71 10:34	M.
OF						STATE Md.	SIDENCE (Whe	ere deceased li	B. COUNT		130	on)
	sex male	7. RACE Negro		AARRIED NEVER	MARRIED C.	Balt			D. INSIDE	YES LIMIT	15? NO []	
9.	9-10-19	Н	10. AGE (In year lost birthday)		Under 24 Hrs. E.		ND NUMBER	Fo11c 1	D1=	123	140	
11.	BIRTHPLACE (S		n country)	12. CITIZEN C		FATHER'S	Gwynns NAME es Weav		PKWV.			
14A dor	USUAL OCCU	PATION (Give	kind of work 148.	KIND OF BUSINESS	OR INDUSTRY 15.	. MOTHER		AME				
16.	Floor N WAS DECEASE			m Janito		INFORM		.11		ADDRESS		
(Ye	s, no or unknown)	(If yes, give w	J.S. ARMED FO	rvice) 230-	IDITY NO			N. We	aver		Gwynns	Fal:
-	19.	X			AUSE OF DEATH						APPROXIMATE INTE	
	DISEAS	E OR CONDI	TION DIRECTLY		Mı	ultinl	e injur:	ies			PETWEEN ONSEI AND	DEAIN
		LEADING TO	DEATH		A)IMMEDIATE CAUS	_						
	(This does not mean the mode of dying, e.g., heart follure, osthenia, etc. it means the disease,											
	heart follure,	or mean the i	it means the dise	e.g., ase,			ENCE OF				***************************************	
	heart follure, injury or con	or mean the r , osthenia, etc. nplication which	it means the dise h caused deoth.)	e.g., gse,			JEN CE OFI					
	Injury or con	nplication which	h caused deoih.)		DUE TO, OR AS A	CONSEQU						
	ANDISEASES ORISE TO THE	NTECEDENT CONDITION ABOVE CAU	h caused death.) CAUSES DNS, IF ANY, GIV ISE (A) STATING	/ING		CONSEQU						
20	ANDISEASES ORISE TO THE	nplication which NTECEDENT (OR CONDITIO	h caused death.) CAUSES DNS, IF ANY, GIV ISE (A) STATING	/ING THE	DUE TO, OR AS A	CONSEQU						
ICATION	DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	NTECEDENT (OR CONDITION ABOVE CAU NG CONDITION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	h caused deoth.) CAUSES DNS, IF ANY, GIV ISE (A) STATING ON LAST. II OUTIONS CONTI	/ING THE ((B) DUE TO, OR AS A	CONSEQU			-			
CERTIFICATION	DISEASES OR RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	NTECEDENT (NTECED	CAUSES DNS, IF ANY, GIV SE (A) STATING ON LAST. II DITIONS CONTI ERLATED TO THE	/ING THE ((B) DUE TO, OR AS A (C)	A CONSEQU	UENCE OF:			21. At	UTOPSY? (Yes or yes	No)
ICAL CERTIFI	OTHER SIGN TO THE DEAL DISEASE OR 20A. DATE OF 22A. EXTERI	NTECEDENT (OR CONDITION ABOVE CAU NG CONDITION INFICANT CON ATH BUT NOT CONDITION OPERATION NAL CAUSE V	CAUSES DNS, IF ANY, GIV ISE (A) STATING ON LAST. II DITIONS CONTE RELATED TO THE GIVEN IN PART 1 20B. CONDITI	RIBUTING TERMINAL (A). TON FOR WHICH O	(B) DUE TO, OR AS A (C)	A CONSEQUE	UENCE OF:) (If in Baltimo	re City, give		yes	No)
EDICAL CERTIFI	OTHER SIGN TO THE DEAD COME OF THE COME OF	NTECEDENT (DR CONDITIO E ABOVE CAU NG CONDITIO INFICANT CON ATH BUT NOT: CONDITION OPERATION NAL CAUSE V ELOR CONT USE OF DEAT	CAUSES DNS, IF ANY, GIVISE (A) STATING ON LAST. II DITIONS CONTINE GIVEN IN PART 1 20B. CONDITION WAS TRIB- TH.	/ING THE (ING RIBUTING REFAMINAL (A). ION FOR WHICH O	(B) DUE TO, OR AS A C) PERATION WAS P F INJURY (e.g., in or tory, street, office bid-	A CONSEQUENCE OF A CONS	UENCE OF: C. WHERE DID UURY OCCUR	dent Hos	spital		yes	No)
ICAL CERTIFI	OTHER SIGN TO THE DEAD DISEASE OR 22A. EXTER! UNDERLYING UTING CA 22D. TIME OF 11JURY (APPROX.)	INTECEDENT (DR CONDITION E ABOVE CAU NG CONDITION INTECEDENT (DR CONDITION INTECEDENT (DR CONDITION INTECEDENT (DR CONDITION INTECEDENT (DR CONT INTECE	CAUSES DNS, IF ANY, GIVISE (A) STATING ON LAST. II DITIONS CONTINE GIVEN IN PART 1 20B. CONDITION NAS TRIB- TH. OV) (Year) 7 1 Det 9 445 n.m.	ZEE.INJURY WHILE AT WORK	(B) DUE TO, OR AS A (C) DEFATION WAS P FINJURY (e.g., in or tory, street, office bid	A CONSEQUENCE OF A CONS	C. WHERE DID UURY OCCURY Provices.	dent Hos	spital		yes	No)
EDICAL CERTIFI	OTHER SIGN TO THE DEAD INSEASE OR SIGN TO THE DEAD INSEASE OR 20A. DATE OF 22A. EXTER! UNDERLYING UTING CAPPROX.)	INTECEDENT (DE CONDITION ATHER BUT NOT CONDITION OF OPERATION USE OF DEAT (Month) (DE CONDITION OF CONDITION	CAUSES DNS, IF ANY, GIVISE (A) STATING ON LAST. II DITIONS CONTINE GIVEN IN PART 1 20B. CONDITION NAS TRIB- TH. 9:45pm. 10:34 p.	Z28. PLACE OF home, farm, fact (Hour) 22E. JNJURY WHILE AT WORK MORE WORK WORK WORK MORE WORK WORK	DUE TO, OR AS A (B) DUE TO, OR AS A (C) DPERATION WAS P FINJURY (e.g., in or tory, street, office bid ospital Y OCCURRED NOT WHILL AT WORK	PERFORME	C. WHERE DID UURY OCCUR Provic F. Howdio I	dent Hos	spital UR?	exact location	yes	No)
EDICAL CERTIFI	OTHER SIGN TO THE DEAD LINE OF INJURY (APPROX.)	INTECEDENT (DR CONDITION ABOVE CAUSE NOT CONDITION CONDI	CAUSES DNS, IF ANY, GIV ISE (A) STATING ON LAST. II DITIONS CONTI RELATED TO THE GIVEN IN PART I 20B. CONDITI MAS FRIB- TH. OV) 71 Det 9:45p.m. 10:34 p. Ild on Inqui	RIBUTING TERMINAL (A). ION FOR WHICH O 228. PLACE OF home, form, foot HO (Hour) 22E.INJURY WHILE AT WHILE AT Try Inspect	DUE TO, OR AS A (B) DUE TO, OR AS A C) PERATION WAS P FINJURY (e.g., In or lory, street, office bid oppital Y OCCURRED NOT WHIT AT WORK	PERFORME	C. WHERE DID Provice F. How DID I unkr	dent Hos NJURY OCCI nown. this basis,	spital UR? death in r	exact location	yes	No)
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EDICAL CERTIFI	OTHER SIGN TO THE DEADISEASE OR 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. cert result	INTECEDENT (OPERATION) THE CONDITION OF ABOVE CAUNG CONDITION THE CAUSE IN THE CONDITION OF THE CONDITION	CAUSES DNS, IF ANY, GIV ISE (A) STATING ON LAST. II DITIONS CONTI RELATED TO THE GIVEN IN PART I 20B. CONDITI MAS FRIB- TH. OV) 71 Det 9:45p.m. 10:34 p. Ild on Inqui	RIBUTING TERMINAL (A). ION FOR WHICH O 228. PLACE OF home, form, foot HO (Hour) 22E.INJURY WHILE AT WHILE AT Try Inspect	DUE TO, OR AS A (B) DUE TO, OR AS A C) PERATION WAS P FINJURY (e.g., In or lory, street, office bid oppital Y OCCURRED NOT WHIT AT WORK	PERFORME or about 22 dg., etc.) IN 22 Hon	C. WHERE DID UURY OCCURY Provic F. How Did I unkt	nown. this basis, Undetermine	spital UR? death in r	exact location	yes	
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MEDICAL CERTIFI	OTHER SIGN TO THE DESCRIPTION OF INJURY (APPROX.) 23. Cert result ACTUAL SIGNATU EXAMININAME (TIME OF INJURY)	INTECEDENT (COR CONDITION OF CO	CAUSES DNS, IF ANY, GIVISE (A) STATING ON LAST. II DITIONS CONTIL RELATED TO THE GIVEN IN PART 1 1 20B. CONDITIONS CONDINS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITI	ING THE (GIBUTING TERMINAL ((A). ION FOR WHICH O 228. PLACE OF home, form, fort Ho (Hour) 22E.INJURY WHILE AT WORK Inspect Accident Wovic, M.D	DUE TO, OR AS A (B) DUE TO, OR AS A (C) DEFINIURY (e.g., in or tory, street, office bid ospital Y OCCURRED NOT WHILL AT WORK tion Autops Suicide M.D.	PERFORME Trabout 22 Trabout 22 Trabout 10 ASSIST ASSOC	C. WHERE DID UURY OCCUR? Provic F. HOW DID I unkt and that on nicide HIEF MEDICAL TANT MEDICAL CIATE MEDICAL	njury occi nown. this basis, Undetermi EXAMINER LEXAMINER	death in r	my opinion	yes DATE SIGNI 6/21/71	ED 1
MEDICAL CERTIFI	Injury or com AN DISEASES C RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTER! UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert result ACTUAL SIGN ATI EXAMINI NAME (T A. BURIAL CREA	INTECEDENT (DO CONDITION OF ABOVE CAUNG CONDITION OF ABOVE CAUNG CONDITION OF OPERATION OF ABOVE CAUNG CONDITION OF OPERATION OF ABOVE CAUNG CONDITION OF ABOVE CAUNG CONDITION OF OPERATION OF ABOVE CAUNG CONDITION OF OPERATION OF ABOVE CAUNG CONDITION OF OPERATION OF ABOVE CAUNG CONDITION OF ABOVE CAUNG C	CAUSES DNS, IF ANY, GIVISE (A) STATING ON LAST. II DITIONS CONTINE C	ING THE (GIBUTING TERMINAL ((A). ION FOR WHICH O 228. PLACE OF home, form, fort Ho (Hour) 22E.INJURY WHILE AT WORK Inspect Accident Wovic, M.D	DUE TO, OR AS A (B) DUE TO, OR AS A (C) PERATION WAS P F INJURY (e.g., in or or ory, street, office bid or or ory, street, office bid ory, street, or	PERFORME OF OBSEQUE OF OBSEQ	C. WHERE DID UURY OCCUR? Provic F. HOW DID I unkt and that on nicide HIEF MEDICAL TANT MEDICAL CIATE MEDICAL	dent Hos NJURY OCCI nOWn. this basis, Undetermil EXAMINER LEXAMINER LEXAMINER D. LOCATION Greenv:	death in r	my opinion	pes DATE SIGNI 6/21/71 only) (State	ED 1



was beceased ever in u.s. Akmed Forces; s,no or unknown) (If yes, give war ar dates of service)	125 -22 -1163	Mrs. Harjo	ADDI	KE33
19. 198.91	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Carcinoma	a involving adrena	als and lymph	
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE C	AUSE nodes (primary	site undeter	mined)
heart loilure, osthenio, etc. It meons the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(8)	AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
SINDERENTINO CONDITION 2231.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	1000000000000000000			
0A. DATE OF OPERATION 208. CONDITION FO	R WHICH OPERATION WA	AS PERFORMED	2	1. AUTOPSY? (Yes ar Na)
				Yes
2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	B. PLACE OF INJURY (e.g., ne, farm, factary, street, office	in ar obout 22C. WHERE DID (If In INJURY OCCUR?	n Boltimare City, give exoct I	acatian)
22D. TIME (Manth) (Doy) (Year) (Haur) DF INJURY	22E.INJURY OCCURRED WHILE AT NOT	WHILE C	RY OCCUR?	
(APPROX.) m.	WORK AT W			
I certify that I held an Inquiry	Inspection Au	topsy. and that an this	bosis, death In my ap	inion
	Aggident Suicid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	determined manner	
resorted fram: National Cooses 23	Accident Solicio	CHIEF MEDICAL EXA		
SIGNATURE Charles J.	Jangate M.D	ASSISTANT MEDICAL EXA		DATE SIGNED
EXAMINER'S Charles S. Spr	ingate, M.D.	ASSOCIATE MEDICAL EXA	MINER June	17, 1971
BURIAL CREMATION, 24B. DATE	Mt. Carmel		CATION (City, town, o	r caunty) (State)
Burial 6/21/71		Cem.	altimore, Maryl	and
DATE DEC'D BY HEALTH DEDT JOSE NIAM	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADD	RESS
JUN 24 1971 Pales & Jack	A LAM	Joseph N. Z	Zannino, 263 S	Conkling Stree
51-REV. 1/1/68	/ 1.00	04997		

- 40	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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5-33	30 71 60	00		HEALTH DEPARTA	X	71	6000	
BIRTH NO.	054450		CERTIFICA	TE OF DEA	NIH.			
(Type or Print)				2. 1	DATE AND HOUR OF DEA	TH		
2 PLACE IN BA	TOUT, John Pa	rk			6-19-71		6:55	AM
S. PLACE IN BA	LIMORE MARILAND, V	WHERE PRONOUN	CED DEAD	A. STATE	CE (Where deceased lived, I B. COUNTY	f institution: re	esidence before or	dmission)
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTI	ON. GIVE STREET	Maryland	Worcester	2	7300	
HOSPITAL OR	ADDRESS OR LOC	ATIONI		C. CITY OR TOWN		NSIDE CITY LI	IMITS?	
12				Berlin		YES 🗌	ио 🛣	
C CLock	h Raven VAH			E. STREET AND NU				
				Old Rt.	50			
5. SEX	6. RACE	7- MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Unde	r 1 Yr. , If Under	24 Hrs.
Male	Caucasian	WIDOWED	DIVORCED	4-25-22	last birthday	Months	Days Hours	Min.
IOA. USUAL OCC	UPATION (Give kind of wor				le or fareign country)	112, CITI	ZEN OF WHAT C	OUNTRY
done during most of	working life, even if refired)			Pennsylv	·	1.2.	U. S. A.	CONTRI
Teache	_	Educat	ion				0. 0. 11.	
13. FATHER'S NA				14. MOTHER'S MAIL				
Kussel	1 R. Stout			OliMe Pa	ark			
5. Was Deceased	d Ever in U. S. Armod For		SOCIAL	17. INFORMANT TO	cords V. A. Ho	spital	ADDRESS	
Yes, no of Unknown	12-12-42 to	2-25-4	233-34-1213		Raven Blvd.,			
	210 410 00	~ .0, .41						
18. 20	3 X I		CAUSE OF DEAT	4			APPROXIMATE IN	
DISEA	SE OR CONDITION DI	RECTLY	Acute	pulmonary	edema		24 to 48	NO DEATH
(This days	LEADING TO DEATH		(A) IMMEDIATE CAL	SE			Hours.	
heart lailure	nal mean the mode of asthenia, etc. It means	dying, e.g., the disease.	DUE TO, OR AS	A CONSEQUENCE OF:				
injury at car	mplication which caused	death.)	Acute	Renal fail	ure		3-5 Days	
	ANTECEDENT CAUSES					- 1	2 2 2030	
DISEASES	OR CONDITIONS, il	anv. aivina	DUE TO, OR AS	A CONSEQUENCE OF				
nse ta th	e above cause (A)	slaling the	Multi	ple myeloma	1		2 Years	
UNDERLYIN	G CONDITION last.		(c)	1000 11000000	······································		~	
-	11							
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING						
▼ DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	*************				************	
19A. DATE OF	OPERATION 198. CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY7 (Y	es or No. 20B, IF YES, WEI	E FINDINGS	CONSIDERED	
				Yes	Ye	S	DEATH	
U 21A. ACCIDE	NT WAS UNDERLYING L UTING CAUSE OF		ACE OF INJURY (e.g., i	or about 21C. WHERE	DID (If In Baltin		e exact lacation)	
CIDEATH (notify	medical examiner	etc.)	form, factory, street, al	ice bidg., INJURT OC	.CU K?			
21D. TIME	(Month) (Day) (Year)	(Hour) 21E IN	JURY OCCURRED	035 440344				
S OF INJURI	10000 (1000	While A			DID INJURY OCCUR?			
(APPROX)		Wark	At Work	' 🔲				
22. I certify	that MX(this hospital) attended the a	deceased from	June 16.	19 71 to	une I	9. 10	71
that (0) (we)	last saw the decease	d alive on	une 19.	10 77	and that in (my) (aur) a			
-1	17	d I am	de de la company		ona that in (my) (aur) a	pinian deat	n accurred an t	he date
and hour on	d from the causes stat	red abave. [7] (Y	(did) (did dot) v	lew the bady after	death.			
23A. SIGNACE	THE !					23B. DAT	E SIGNED	
1 de	my Kocy	-	DEGREE Phys	nding Med.	r Staff Phys.			
23 C. PHYSICIA	IN'S		DEGREE	3D. ADDRESS	V. A. Hospital			
Mayne	John R	logers, M.			Raven Blvd.,		. Md.	
AA. BURIAL COL	MATION, 248. DATE		DEGREE					
REMOVAL	Specify) Z48. DATE	24C. NAME	e of CEMETERY of CRE	MATORY	24D. LOCATION	City, town, or	r countyl ((Stote)
Buri	ial 6-22-	71 Bucl	kingham		Berlin, Wo	ncesta	r. Md.	
SA. DATE REC'D		ASSISTANCE OF THE		25C. FUNERAL DI		00000	ADDRESS	
JUN 24	HIT Vascus E	Marbers 1	A. C.	III nich	Funeral Hor	me De	mlin M	id
/S 150-REV. 1/1/	68	+ + 7		U GHTTGGI	Traffictat UO	пе ре	rlin, M	u.